Schedule E)	EXPEND	ITUNES		PAGE 1 FOR SE OF	OF 132 FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION	N NUMBER ▼
Women Speak Out PAC				C C00530766	
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D /	Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/I	Dissemination
Kelly Dolan				11 04	2014
Mailing Address 543 S 2nd St			Amour	nt	
City	State	Zip Code			70.00
Bellaire	NC	77401		action ID: 0468b227 of Disbursement or O	-b070-4caf-8
Purpose of Expenditure Salary		Category/ Type 001		11 04 04	2014
Name of Federal Candidate		Support	Office Sought	t: House [	District: 00
Ms. Mary L Landrieu		X Oppose	Preside		State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	235848.40	Disbursement 2014 Ot	t For: Primary	K General
Full Name of Payee			Date of	of Public Distribution/	Dissemination
Kelly Dolan			М	11 04 /	2014
Mailing Address 543 S 2nd St			Amou	nt	
City	State	Zip Code			5.70
Bellaire	NC	77401		ction ID: 03bfb64c-8	
Purpose of Expenditure Mileage		Category/ Type 002	М	11 04 /	2014
Name of Federal Candidate		Support	Office Sough	t: House	District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	235848.40	Disbursement 2014 O	t For: Primary ther (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	S		<b>&gt;</b>	7	75.70
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 7	
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M M /	06 / 201	
<del>y</del>					

Schedule E)	INT EXI END	TTOTILO		PAGE 2 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Billy Martin			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 JS Brewton rd			Amount	
City	State	Zip Code		30.00
goldonna	LA	71031		on ID : 67afd7c2-9b27-4e83-a isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M M 11	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	235848.40	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Billy Martin			11	04 / 2014
Mailing Address 250 JS Brewton rd			Amount	
City	State	Zip Code		3.60
goldonna	LA	71031		n ID: 0bffe59f-7f19-451d-9 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		235848.40	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures			33.60
				7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	· -,		FOR SE OF FORM 24/48
	COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
vvome	n Speak Out PAC		C C00530766
Check if	X 24-hour report 48-hour report New report	ort Amends report file	d on M = M / D = D / Y = Y = Y
	ame of Payee		Date of Public Distribution/Dissemination
	stine Stevens		11 04 2014
Mailin	Address 100 Asbury Ct		Amount
City	State	Zip Code	90.00
	ester VA	22602	Transaction ID : 9e933415-1d37-4f00-8 Date of Disbursement or Obligation
Purpo Salar	e of Expenditure	Category/ Type 001	11
Name	of Federal Candidate	Support Office	ee Sought: House District: 00
Mr. G	eg Orman	X Oppose	President Senate State: KS
	alendar Year-To-Date er Election for Office Sought 2	Disb 50379.71 2014	oursement For: Primary
Full N	ome of Davis		1
	ame of Payee nine d Conner		Date of Public Distribution/Dissemination
Mailin	g Address 100 ASBURY CT		11 04 2014 Amount
City	State	Zip Code	90.00
1	HESTER VA	22602	Transaction ID : e9bc7155-6378-4975-8 Date of Disbursement or Obligation
Purpo Salar	se of Expenditure	Category/ Type 001	11 04 2014
Name	of Federal Candidate	Support Office	ce Sought: House District: 00
Mr. G	reg Orman	X Oppose	President State: KS
	alendar Year-To-Date er Election for Office Sought	250379.71 Disk 201	oursement For: Primary General  Other (specify)
(a) SU	BTOTAL of Itemized Independent Expenditures	·····	180.00
(b) SU	STOTAL of Unitemized Independent Expenditures	·····	
(c) TO	AL Independent Expenditures	·····	
with, or	enalty of perjury I certify that the independent expenditures at the request or suggestion of, any candidate or authorized emmittee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electroni	cally Filed] Date	11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sigr	ature		

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Schedule E)		PAGE 4 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report No	ew report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct		11
City State	Zip Code	90.00
Winchester VA	22602	Transaction ID : 5e78a39b-7edb-4a49-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 04 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Mr. Greg Orman	∑ Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Rodney O Culbreath		11 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct		Amount
City State Winchester VA	Zip Code 22602	90.00  Transaction ID: 52bf8b5d-1e22-486d-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 04 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		180.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
	Electronically Filed] Date	11 06 2014
Signature		

Schedule E)	II EXI END	TOTILO		PAGE 5 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Elvis Spears			M	11 04 7 2014
Mailing Address 2150 Hope St			Amour	nt
City	State	Zip Code		80.00
New Orleans	LA	70119		action ID : 47fcbe8b-ee0a-43cf-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 04 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	235848.40	Disbursement 2014 Of	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Elvis Spears			М	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2150 Hope St			Amou	nt
City	State	Zip Code	— I	11.40
New Orleans	LA	70119		ction ID : ce6bc9c5-0ffe-406a-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 04 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	235848.40	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			91.40
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	06 2014

Schedule E)	PAGE 6 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Rodney D Culbreth	e of Public Distribution/Dissemination
Mailing Address 100 Asbury CT	11 04 2014 ount
3200 Dam Neck Rd	
City State Zip Code	90.00
Date	nsaction ID: b278cedc-1685-4c22-8 e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 04 7 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
Mr. Greg Orman Oppose Pres	sident State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursem 250379.71  Disbursem 2014	nent For: Primary
	te of Public Distribution/Dissemination
Rze Culbreath	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct	ount
City State Zip Code	90.00
	nsaction ID: 5e56a219-bb70-417d-9 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 04 2014
Name of Federal Candidate Support Office Sou	ıght: House District: 00
Mr. Greg Orman	sident State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursem 250379.71  Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	06 2014

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IUMBER ▼
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<b>f-4b79-b</b> ation
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<b>5-41b8-a</b> ation
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ate: NC
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oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	of Public Distribution/Dissemination
Virginia M Stevens	11 04 2014
Mailing Address 1691 Fork Mtn Rd Amo	ount
City State Zip Code	80.00
Bakersville NC 28705 Tran	saction ID: bb7f93dc-452f-47ee-a of Disbursement or Obligation
Purpose of Expenditure	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan Oppose Presid	NO.
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: Primary X General
	Other (specify)
Full Name of Payee Virginia M Stevens	e of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd Amo	11 04 2014 punt
City State Zip Code	33.30
Bakersville NC 28705 Trans	saction ID: c765056a-846f-4b5a-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014
Name of Federal Candidate Support Office Soug	ght: House District:00
Ms. Kay Hagan President	dent State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	113.30
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	1 2 1 2 1 2
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	06 2014
Signature	

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OF

Schedule E)	XI ENDITORIES	PAGE 9 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report  Amends report f	iled on O O O O O O O O O O O O O O O O O O
Full Name of Payee Dorthy Meyer		Date of Public Distribution/Dissemination
Mailing Address 11707 South African Street		11 04 2014 Amount
City Sta	te Zip Code	81.00
Olathe KS	•	Transaction ID: 43763419-3da3-4ea2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 04 7 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Dorthy Meyer		11 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11707 South African Street		Amount
City Sta	te Zip Code	13.20
Olathe K	•	Transaction ID : df0b0a8d-1712-4972-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 04 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Greg Orman	Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		on the dispersion of the first order of the first order of the first order of the first order o
(a) SUBTOTAL of Itemized Independent Expenditures		94.20
(,,		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures.		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of el	
Ms. Emily Buchanan	[Electronically Filed] Date	11 06 2014
Signature		

Schedule E)	I Eliverii ex erre.	10.120		PAGE 10 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hou	ur report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee  Jessica R Resendiz				blic Distribution/Dissemination
Mailing Address 9685 Paula St			11	04 7 2014
			Amount	
City Keithville	State LA	Zip Code 71047		105.00 on ID : 75f31461-c436-442b-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	sbursement or Obligation    Output
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	235848.40	Disbursement For 2014 Other	:
Full Name of Payee Jessica R Resendiz		_	Date of Pu	ablic Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		53.70
Keithville	LA	71047	Transaction Date of Dis	n ID: 90db20cd-1f86-4d7b-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11 M	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		235848.40	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independen	it Expenditures		- <b>-</b>	158.70
(b) SUBTOTAL of Unitemized Independent	lent Expenditures		·· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7 1
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11 06	
Signature				

Schedule	E)	VI EX. 2.12.	1101120		PAGE 11 OF 132 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if X	24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ne of Payee P Hilkert				of Public Distribution/Dissemination
Mailing /	Address 7 Bards Lane			Amou	11 04 2014 nt
City		State	Zip Code		100.00
Fletche	r	NC	28732		action ID : b146363f-d68a-4c20-b of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		11 04 7 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay	/ Hagan		X Oppose	Preside	NO.
0.011	endar Year-To-Date Election for Office Sought	10	096565.66	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	ne of Payee P Hilkert				of Public Distribution/Dissemination
Mailing /	Address 7 Bards Lane			Amou	للنبا لنا لل
City		State	Zip Code	-	17.70
Fletche		NC	28732		ction ID : 9a956eaf-7f19-4239-8 of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002	N	11 04 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay	<sup>,</sup> Hagan		X Oppose	Preside	
	endar Year-To-Date  r Election for Office Sought	, ,	1096565.66	Disbursemen 2014 O	t For:  Primary
(a) SUBT	TOTAL of Itemized Independent Expenditu	res		<b>.</b>	117.70
(b) SUBT	TOTAL of Unitemized Independent Expend	litures		•	4 4 4
(c) TOTA	L Independent Expenditures			· [	7
with, or a	nalty of perjury I certify that the independ t the request or suggestion of, any candid nmittee) any political party committee or its	late or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	06 2014
Signat	ure				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New	w report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Cynthia J Christmas	11 04 2014
Mailing Address 1731 Frenchmen St	Amount
City State	Zip Code 70.00
New Orleans LA	70116 Transaction ID : cfa9c003-17ec-45a7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 04 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 235848.40  Other (specify) ►
Full Name of Payee Cynthia J Christmas	Date of Public Distribution/Dissemination
Mailing Addyson	11 / 04 / 2014
1731 Frenchmen St	Amount
City State	Zip Code 1.20
New Orleans LA	70116 Transaction ID : c97395a6-69d5-4710-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 11 04 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	235848.40 Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	71.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>&gt;</b>
	itures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Ele	ectronically Filed] Date 11 06 2014
Signature	2011

PAGE

OF

Schedule E)	NI EXI END	THORIES	<b>⊢</b>	PAGE 13 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Kristina M Jinkens			M = M /	Distribution/Dissemination
Mailing Address 2138 N 1000 Rd			Amount	03 2014
City	State	Zin Codo		20.00
Eudora	KS	Zip Code 66025		<b>D: 03990979-503b-4762-8</b> rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	, ,	250379.71	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Kristina M Jinkens			11 /	03 / 2014
Mailing Address 2138 N 1000 Rd			Amount	
City	State	Zip Code		7.50
Eudora	KS	66025		: 3bf97273-4bda-4e12-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	250379.71	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	27.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
			7	45
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 06	2014
Jigilataio				

Schedule E)		PAGE 14 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 00000.00
Check if 24-hour report 48-hour report New	w report Amends report f	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Shantell R Taylor		11 04 2014
Mailing Address PO Box 870610		Amount
City State	Zip Code	50.00
New Orleans LA	70186	Transaction ID: 626416b4-0f7d-4cc4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11
Name of Federal Candidate	Support O	office Sought: House District:00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		oisbursement For:  Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Shantell R Taylor		11 04 2014
Mailing Address PO Box 870610		Amount
City State	Zip Code	0.56 Transaction ID : eefb3327-8c23-47ac-a
New Orleans LA	70186	Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 04 / 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		50.56
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authoratty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Eld	ectronically Filed] Date	11 06 2014
Signature		

Sc	chedule E)	<b>L</b> /(1 L.(L.	10.120		PAGE 15 OF 132 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
T	Full Name of Payee Sharon t Craig				of Public Distribution/Dissemination
-	Mailing Address 1410 Bushville Dr			Amou	11 04 2014
	01:	01-1-	7-0-40		25.00
	City S Lenoir	State NC	Zip Code 28645		35.00 saction ID : 22726be5-d2b6-4ab1-b of Disbursement or Obligation
Ì	Purpose of Expenditure Salary		Category/ Type 001		11 04 2014
Ì	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Kay Hagan		X Oppose	Preside	lent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	096565.66	Disbursemen 2014 O	nt For:
	Full Name of Payee Sharon t Craig				of Public Distribution/Dissemination
Ī	Mailing Address 1410 Bushville Dr			Amou	
ľ	City	State	Zip Code		7.80
	Lenoir	NC	28645		action ID: d5185e96-4b36-40a6-8 of Disbursement or Obligation
Ì	Purpose of Expenditure Mileage		Category/ Type 002	N	11 04 2014
Ì	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Kay Hagan		Oppose	Preside	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1096565.66	Disbursemen 2014	nt For:
(	(a) SUBTOTAL of Itemized Independent Expenditures.			<b>•</b> [	42.80
(	(b) SUBTOTAL of Unitemized Independent Expenditure	'es		<b>.</b>	
(	(c) TOTAL Independent Expenditures			· [	
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Sched	lule E)	<b>11 E</b> /1 E/12.			PAGE 16 OF 132 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	f X 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/
	Name of Payee Boorah L Fulthorp			_	of Public Distribution/Dissemination
Mail	ing Address 4113 Melissa Dr			Amou	11 04 2014 unt
City		State	Zip Code		15.00
	mville	NC	27828		saction ID: b451a2a6-0e07-4f80-a of Disbursement or Obligation
Pur <sub>l</sub> Sal	pose of Expenditure ary		Category/ Type 001		11 04 2014
Nan	ne of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms.	Kay Hagan		X Oppose	Presid	NO.
	Calendar Year-To-Date Per Election for Office Sought	, 10	096565.66	Disbursemer 2014	nt For:
De	Name of Payee eborah L Fulthorp				of Public Distribution/Dissemination
IVIAI	ling Address 4113 Melissa Dr			Amou	unt
City	,	State	Zip Code		9.00
	rmville	NC	27828		action ID: 518230da-81f9-4472-b of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		11 04 2014
Nar	ne of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms	. Kay Hagan		Oppose	Presid	lent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	1096565.66	Disbursemer 2014	nt For:
(a) S	SUBTOTAL of Itemized Independent Expenditur	res			24.00
(h) S	SUBTOTAL of Unitemized Independent Expend	itures			
(5)	SEPTIME OF CHIRCHIESE HIGGSFREETH EXPORT			. •	
(c) T	OTAL Independent Expenditures			•	
with,	r penalty of perjury I certify that the independ or at the request or suggestion of, any candid committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Si	gnature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Timothy Foley	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace Amo	ount
City State Zip Code	10.00
Sterling VA 20165 Trail	nsaction ID : 270dbc5a-ee89-447c-8 e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 04 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Greg Orman Oppose Presi	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disburseme 250379.71  Disburseme 2014	ent For: Primary ⊠ General  Other (specify) ▶
	te of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr Ame	04 2014 count
City State Zip Code	31.00
Winston Salem NC 27105 Tran	usaction ID : 2f2ff38d-e160-464f-8 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 04 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms. Kay Hagan Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	41.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

	neddie E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if $X$ 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	James Kindstedt	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5510 Dogwood Dr	Amount
ŀ	City State Zip Code	12.12
	Winston Salem NC 27105	Transaction ID : a827252f-3c8a-4d21-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014
İ	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary General  Other (specify) ▶
	Full Name of Payee  Joanna Kindstedt	Date of Public Distribution/Dissemination
	Mailing Address 2134 Tobaccoville Rd	11 04 2014 Amount
ŀ	City State Zip Code	31.00
	Rural Hall NC 27045	Transaction ID: 9a05c0a7-3d74-484e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	43.12
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 06 2014
	Signature	

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OF

		F	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDE	NTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	Cc	00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on Man /	D D / Y Y Y Y
Т	Full Name of Payee	Date of Public	Distribution/Dissemination
	Corey S McKnight	11 /	04 2014
	Mailing Address 1510 Bailey St	Amount	
ŀ	City State Zip Code		30.00
	West Monroe LA 71292		: da051c8c-31a8-4615-b sement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 /	04 / 2014
ı	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms Mary Landrieu	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbur 235848.40  Disbur 2014	sement For:	Primary
ľ	Full Name of Payee  Dorthy Meyer	Date of Public	Distribution/Dissemination 04 2014
	Mailing Address 11707 South African Street	Amount	04 2014
ŀ	City State Zip Code		70.00
	Olathe KS 66062		: 86cbc37d-342c-45a0-a sement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11	04 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	President X	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	sement For:	Primary
(	a) SUBTOTAL of Itemized Independent Expenditures	7	100.00
(	b) SUBTOTAL of Unitemized Independent Expenditures		4
(	c) TOTAL Independent Expenditures	7	7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, earty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 11	M / D D D O O O O	2014
	Signature		

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OF

			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	FE	C IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC	C	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M	/	Y I Y I Y I Y
	Full Name of Payee	Date of F	Public Distribution/	Dissemination
	Lorri Anderson	M 11		2014
	Mailing Address 7214 Duchamp Dr	Amount		
ŀ	City State Zip Code	L		60.00
	Charlotte NC 23215		ion ID: a79e7c48	
	Purpose of Expenditure Salary  Category/ Type 001	M 11	M / D D /	2014
ı	Name of Federal Candidate Support Office	Sought:	House	District: 00
	Ms. Kay Hagan	President	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement Fo	or: Primary	X General
	Full Name of Payee Lorri Anderson  Mailing Address 7214 Duchamp Dr	Date of F		Dissemination 2014
	City State Zip Code			7.20
			on ID : 00dd4e27-	8ce9-4378-a
	Purpose of Expenditure Mileage  Category/ Type 002	Date of L		2014
ľ	Name of Federal Candidate Support Office	Sought:	House	District:00
	Ms. Kay Hagan Oppose	President	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014		or: Primary	X General
(	(a) SUBTOTAL of Itemized Independent Expenditures		7 1 1 7	67.20
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<del></del>	
(	(c) TOTAL Independent Expenditures		7 7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.			
	Ms. Emily Buchanan  [Electronically Filed] Date	M / D	06 / 201	
	Oignaturo			

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OF

Schedule E)	TO MOLI LINDLIN	I EXI END	1101120		PAGE 21 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (II					FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	ıt PAC				C C00530766
Check if 24-hour repo	rt 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee Leona Martin					of Public Distribution/Dissemination
Mailing Address 9901	Floyd St			Amou	11 04 2014 int
City		State	Zip Code		50.00
Overland Park		KS	66212		saction ID : 22d6baba-b9a7-43db-9 of Disbursement or Obligation
Purpose of Expenditure Salary	;		Category/ Type 001		11 04 2014
Name of Federal Cand	idate		Support	Office Sough	nt: House District:00
Mr. Greg Orman			X Oppose	Preside	
Calendar Year-To-I Per Election for O	****		250379.71	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
Full Name of Payee Leona Martin					of Public Distribution/Dissemination
Mailing Address 990	11 Floyd St			Amou	11 04 2014 unt
City		State	Zip Code		8.70
Overland Park		KS	66212		action ID : bf4c7ff5-d005-429a-8 of Disbursement or Obligation
Purpose of Expenditure Mileage	<b>)</b>		Category/ Type 002	$\exists \mid \complement$	11 04 2014
Name of Federal Cand	lidate		Support	Office Sough	nt: House District: 00
Mr. Greg Orman			X Oppose	Presid	
Calendar Year-To- Per Election for C		, , ,	250379.71	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemi	zed Independent Expenditure	es		. •	58.70
(b) SUBTOTAL of Unite	emized Independent Expendit	tures		· •	
(c) TOTAL Independent	Expenditures			· •	7
with, or at the request of		ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily B	uchanan	[Electron	ically Filed] Date	e 11 /	06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

Schedule E)	INI EXI END	HONES	-	PAGE 22 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Anselma A Trinidad			Date of Public	Distribution/Dissemination
Mailing Address 7915 Curtina Ln			Amount	04 2014
City  Lewisville	State NC	Zip Code 27023	Transaction ID	60.00 ) : f3b4a7d0-e7a4-4064-8
Purpose of Expenditure Salary		Category/ 001	Date of Disbury	sement or Obligation  04  2014
		Type 001		2014
Name of Federal Candidate  Ms. Kay Hagan		Support	Office Sought:	House District: 00
Calendar Year-To-Date		X Oppose	President X  Disbursement For:	Senate State: NC  Primary General
Per Election for Office Sought	1	096565.66	2014 Other (spe	
Full Name of Payee  Jordan L Randall				Distribution/Dissemination
Marillon Adalas a			11	04 / 2014
Mailing Address 27 Mesa St			Amount	
City	State	Zip Code		30.00
Kenner	LA	70065		: 0c61ea37-3e3f-4685-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	235848.40	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expending	tures		•	90.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures			<b>)</b>	100
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 06	2014
Signature				

Schedule E)	PAGE 23 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends	report filed on
Full Name of Payee  Jordan L Randall	Date of Public Distribution/Dissemination
Mailing Address 27 Mesa St	11 04 2014 Amount
City State Zip Code Kenner LA 70065	4.20 Transaction ID: 541d8838-4b17-41eb-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 Date of Disbursement of Obligation  M M M / D D / Y Y Y Y Y  2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppos	Se President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 235848.40	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee Sarah Bassil	Date of Public Distribution/Dissemination
Mailing Address 7650 Fallswood Way	11 04 2014 Amount
City State Zip Code	60.00
Lorton VA 22079	Transaction ID : ff69a459-378e-4994-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Mr. Greg Orman Oppos	
Calendar Year-To-Date Per Election for Office Sought 250379.71	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	64.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed]  Signature	Date 11 / 06 / 2014

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if $X$ 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Lisa A Hackett	11 04 2014
	Mailing Address 137 S Palm ST	Amount
ŀ	City State Zip Code	55.00
	Winnabow NC 28479	Transaction ID: b12103fd-2934-46b0-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 04 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary General  Other (specify) ▶
ŀ	Full Name of Payee	
	Lisa A Hackett	Date of Public Distribution/Dissemination  11 04 2014
	Mailing Address 137 S Palm ST	Amount
ı	City State Zip Code	9.99
	Winnabow NC 28479	Transaction ID : 1c749d40-9685-469c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014
١	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	64.99
	(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
(	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 06 2014
	Signature	

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Schedule E)	IN EXICIO	TIONES	<u> </u>	PAGE 25 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Dwayne C Smith			11 /	04 / 2014
Mailing Address 900 Bramblegate Rd			Amount	
City	State	Zip Code		50.00
Hope Mills	NC	28348		: d9d5874e-2e31-4b20-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	. 1	096565.66	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Dwayne C Smith			11	04 2014
Mailing Address 900 Bramblegate Rd			Amount	
City	State	Zip Code		9.87
Hope Mills	NC	28348		: af9b98c1-5781-4809-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1096565.66	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	tures		·	59.87
(b) CURTOTAL of Unitamized Independent Evacuation	a ditura a			
(b) SUBTOTAL of Unitemized Independent Exper	iditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>)</b>	49- 1 49- 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 06	2014
<b>3</b>				

	-,						FOR SE OF	FORM 24/48
	MMITTEE (In Full)					FEC I	DENTIFICATION	ON NUMBER ▼
vvomen	Speak Out PAC					С	C00530766	
Check if X	24-hour report 48-hour report	New repo	ort An	nends repo		М	/ D D /	Y Y Y
Full Name					Date	of Publ	ic Distribution/	Dissemination
	Persinger-Buckler				N	11 M	04	2014
Mailing Ad	ldress 5330 Nestleway Dr				Amou	nt		
City		State	Zip Code					60.00
Clemmor	s	NC	27012				ID: 3ebb8cfe ursement or C	-c226-46d0-a
Purpose of Salary	f Expenditure		Category/ Type			11	04	2014
Name of	Federal Candidate			Support	Office Sough	ıt:	House	District:00
Ms. Kay I	lagan			Oppose	Preside		Senate	State: NC
	ndar Year-To-Date Election for Office Sought	109	96565.66		Disbursemen 2014 O		Primary pecify) ▶	General
	of Payee Persinger-Buckler					of Publ	lic Distribution/	Y Y Y Y Y
Mailing A	ddress 5330 Nestleway Dr				Amou	11 int	04	2014
City		State	Zip Code					4.50
Clemmor	s	NC	27012				<b>D</b> : <b>57fa8728-</b> 0 oursement or <b>C</b>	0356-4e5f-a
Purpose of Mileage	of Expenditure		Category/ Type			11	04	2014
Name of	Federal Candidate			Support	Office Sough	nt:	House	District: 00
Ms. Kay I	Hagan		X	Oppose	Presid	ent [	Senate	State: NC
	ndar Year-To-Date Election for Office Sought	, , ,	1096565.6	66	Disbursemer 2014		Primary	X General
(a) SUBTO	TAL of Itemized Independent Expenditures	S				-7-	7	64.50
(b) SUBTO	TAL of Unitemized Independent Expenditu	ires			· •		7	
(c) TOTAL	Independent Expenditures				•			
with, or at	alty of perjury I certify that the independer the request or suggestion of, any candidat hittee) any political party committee or its a	e or authorized						
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M = M /	06	/	4
Signatu	e							

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OF

Schedule E)	IN EXIEND	HONES		PAGE 27 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Gabriela P Sosa			11 11	04 / 2014
Mailing Address 2530 Brook Stone Dr			Amount	
City	State	Zip Code		60.00
Clemmons	NC	27012		ID: 19a46693-ef9b-42ad-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	096565.66	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Gabriela P Sosa			11 11	04 2014
Mailing Address 2530 Brook Stone Dr			Amount	
City	State	Zip Code		12.00
Clemmons	NC	27012		D: 95f9232f-d7bb-4d13-9 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1096565.66	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			72.00
			4	45
(b) SUBTOTAL of Unitemized Independent Exper	nditures		• •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 06	2014
<b>U</b>				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Heather A Smith	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 995 Clairborne Rd	Amount
	City State Zip Code	40.00
	Calhoun LA 71225	Transaction ID : a98e8757-1f96-4700-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 235848.40  Disb 2014	ursement For: Primary X General
		U Other (specify) ▶
	Full Name of Payee  Heather A Smith	Date of Public Distribution/Dissemination
	Mailing Address 995 Clairborne Rd	11 04 2014 Amount
	City State Zip Code	18.00
	Calhoun LA 71225	Transaction ID : cde0cfc1-a08e-4036-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014
	Name of Federal Candidate Support Offic	e Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	58.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		11 06 2014
	Signature	

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OF

Sch	edule E)	1 6741 6145			PAGE 29 OF 132 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Check	k if X 24-hour report 48-hour report	New repo	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee  Jackson S Tuttle			M	of Public Distribution/Dissemination
M	Mailing Address 404 Chancery Park Ct			Amour	11 04 2014 nt
	Dity	State	Zip Code		70.00
	Kernersville	NC	27284		action ID : 8d2e86ca-4f3e-4cd3-b of Disbursement or Obligation
_	Purpose of Expenditure Salary		Category/ Type 001	М	11 04 2014
N	lame of Federal Candidate		Support	Office Sought	t: House District: 00
N	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	096565.66	Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶
F	Full Name of Payee Jeanne Tribou				of Public Distribution/Dissemination
N	Mailing Address 22369 Ponderosa Dr.			Amour	
С	Dity	State	Zip Code	<b>─</b>   :	50.00
	Mandeville	LA	70471		ction ID : 39cbb209-882c-4ca9-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 04 7 2014
N	Name of Federal Candidate		Support	Office Sought	t: House District:00
	Ms. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	235848.40	Disbursement 2014 Ot	t For:
(a)	) SUBTOTAL of Itemized Independent Expenditures	·S			120.00
(b)	) SUBTOTAL of Unitemized Independent Expenditu	ures		·· •	
(c)	) TOTAL Independent Expenditures			· .	7
witl	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidativity committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	06 2014
	Signature				

Schedule E)	. EXI EIID			PAGE 30 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Payee Jeanne Tribou			Date o	f Public Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr.				11 04 7 2014
ZZSOS PUNUEIUSA DI.			Amour	nt
City	State	Zip Code		5.10
Mandeville	LA	70471		action ID: 5d065359-7279-40af-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 04 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	235848.40	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	of Public Distribution/Dissemination
Casey Stockton				11 04 2014
Mailing Address 105 South Dale St				11 04 2017
			Amour	nt
City	State	Zip Code		80.00
Spruce Pine	NC	28777		ction ID : 61f4801a-9738-43fb-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 04 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Kay Hagan		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	1096565.66	Disbursement 2014 Ot	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	S		<b>•</b>	85.10
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	T EXI END	ITOTILO		PAGE 31 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on/	D   D / Y   Y   Y   Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary Johnson			M M /	04 / 2014
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code		70.00
Spruce Pine	NC	28777		D: 43d9a76f-0f9e-4b38-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	096565.66	Disbursement For: 2014 Other (sp.	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Brenda L McCune			M M /	04 2014
Mailing Address 1254 Fleming St Apt 6			Amount	
City	State	Zip Code		50.00
Conway	AR	72032		0: 4e1a6a76-8752-4499-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	283226.30	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			120.00
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 06	2014
- 9				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Brenda L McCune		11	04	2014
	Mailing Address 1254 Fleming St Apt 6	Amour	nt		
ŀ	City State Zip Code				26.70
	Conway AR 72032			n ID: acd006a0 bursement or 0	)-ca22-42d1-b
	Purpose of Expenditure Mileage  Category/ Type  002		11 <sup>M</sup>	04	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside	ent	Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 283226.30  2014	rsement		Primary specify) ▶	X General
	Full Name of Payee Marsha Barnell	Date o	- M	olic Distribution	Y Y Y Y Y
	Mailing Address 3847 SW Atwood Terrace	Amou	11 nt	04	2014
-	City State Zip Code	Г.			27.50
	Topeka KS 66610			ID: 99817a78- bursement or (	d7f4-4e87-9
	Purpose of Expenditure Salary  Category/ Type 001		11 M	04	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 250379.71  Disbut 2014			Primary specify) ▶	General
(	(a) SUBTOTAL of Itemized Independent Expenditures			7	54.20
(	(b) SUBTOTAL of Unitemized Independent Expenditures			<i>y</i>	
(	(c) TOTAL Independent Expenditures			7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	06		4
	Signature		_		

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OF

Schedule E)	IVI EXI END	TIONES	PAGE 33 FOR SE O	OF 132 F FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New rep	port Amends repo	t filed on	Y = Y = Y
Full Name of Payee Marsha Barnell			Date of Public Distribution	
Mailing Address 3847 SW Atwood Terrace			11 04	2014
3847 SW Atwood Terrace			Amount	
City	State	Zip Code		2.10
Торека	KS	66610	Transaction ID : 4d867b6  Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	11 04	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Greg Orman		X Oppose	President X Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	250379.71	Disbursement For:  Primary 2014  Other (specify) ▶	y X General
Full Name of Payee			Date of Public Distribution	n/Dissemination
Alisha A Hauser			M M / D D /	Y Y Y Y Y
Mailing Address 199 Raven Circle			11 04	2014
loo haren ense			Amount	
City	State	Zip Code		62.00
Wilkesboro	NC	28697	Transaction ID : bdad478f  Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	11 / 04	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	1096565.66	Disbursement For:  Primar 2014  Other (specify) ▶	y X General
(a) OURTOTAL of homized belonged as Forestill				
(a) SUBTOTAL of Itemized Independent Expendit	ures			64.10
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 06 20	14

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C00530766
Check if 24-hour report 48-hour report	New report Amends	s report filed on	M / D = D / Y = Y = Y
Full Name of Payee		Date of	Public Distribution/Dissemination
Alisha A Hauser		M 11	
Mailing Address 199 Raven Circle		Amount	
City	State Zip Code		20.55
Wilkesboro	NC 28697		tion ID: 72111aaa-aad9-4216-8 Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type	002 M	
Name of Federal Candidate	Supp	ort Office Sought:	House District: 00
Ms. Kay Hagan	X Oppo		
Calendar Year-To-Date Per Election for Office Sought	1096565.66	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee Jon Linch			Public Distribution/Dissemination
JOH EIRER		1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6108 Harkins Ave		Amount	
City	State Zip Code		75.00
Little Rock	AR 72210		ion ID: 8b7c74c0-f960-4dd4-b Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type	001 M	
Name of Federal Candidate	Supp	ort Office Sought:	House District: 00
Mr. Mark L Pryor	Х Орро	ose President	t X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	283226.30	Disbursement F 2014 Other	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			95.55
(b) SUBTOTAL of Unitemized Independent Expenditure	es	<b>-</b>	7 1 7 1 1 7 1
(c) TOTAL Independent Expenditures		······ • [	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized committee or ag		
Ms. Emily Buchanan	[Electronically Filed]	Date 11	06 2014
Signature			

PAGE

OF

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	men Speak Out PAC	C C00530766
Chec	x if X 24-hour report 48-hour report New report Amends report filed	on Man / Dad / Yayayay
	ull Name of Payee	Date of Public Distribution/Dissemination
	Jon Linch	11 04 2014
I	lailing Address 6108 Harkins Ave	Amount
	ity State Zip Code	29.40
	Little Rock AR 72210	Transaction ID : 6ee9cb73-b786-495a-8 Date of Disbursement or Obligation
	urpose of Expenditure  Mileage  Category/ Type  002	11 04 2014
N	ame of Federal Candidate Support Offic	e Sought: House District:00
N	Mr. Mark L Pryor	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 283226.30	ursement For: Primary
	ull Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination
N	Mailing Address 605 W Houston St	11 04 2014 Amount
	Old To Old	00.00
	State Zip Code  Marshall TX 75633	90.00  Transaction ID: 87eba119-3a5a-4688-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 2014
Ν	lame of Federal Candidate Support Offic	e Sought: House District: 00
ľ	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 201	ursement For:
(a)	SUBTOTAL of Itemized Independent Expenditures	119.40
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	
wit	der penalty of perjury I certify that the independent expenditures reported herein were not m h, or at the request or suggestion of, any candidate or authorized committee or agent of eitherty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

Women Speak Out PAC  C coos30766	ochedule Ly				FOR SE OF F	ORM 24/48
Check if   24-hour report	NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION	I NUMBER ▼
Full Name of Payee Alice K Salazar  Mailing Address 605 W Houston St  City State Zip Code Marshall TX 75633  Name of Expenditure Mileage Caledor For Chile Sought  Full Name of Payee Avery Rodriguez  Mailing Address 11 Cooper Lane  City State Zip Code Transaction 10: d8886b13-7ecc-4431-8  Date of Public Distribution/Dissemination  Transaction 10: 88445c97-466d-447-a  Date of Disbursement or Obligation  Transaction 10: 8886b13-7ecc-4431-8  Date of Public Distribution/Dissemination  Transaction 10: 48886b13-7ecc-4431-8  Date of	vvomen Speak Out PAC				C C00530766	
Mailing Address 605 W Houston St  City State Zip Code TX 75633  Purpose of Expenditure Mileage  Name of Federal Candidate  Mailing Address 11 Cooper Lane  Calendar Year-To-Date Purpose of Expenditure  City State Zip Code  Per Election for Office Sought  Category/ O02  Mailing Address 11 Cooper Lane  City State Zip Code  Amount  City State Zip Code  Around Disbursement For: Primary General State: LA  Amount  City State Zip Code  Conway AR 72034  Mailing Address 11 Cooper Lane  City State Zip Code  Conway AR 72034  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Mr. Mark L Pryor  Category/ D011  Name of Federal Candidate  Nam	Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D /	Y = Y = Y
Mailing Address 605 W Houston St  City State Zip Code 75633  Transaction ID: 8dc43c97-466d-4d7a-a Date Per Election for Office Sought State Zip Code  Marshall TX 75633  Transaction ID: 8dc43c97-466d-4d7a-a Date President Senate State: LA Disbursement or Obligation Marshall State: LA Disbursement or Obligation Marshall State: LA Disbursement For: Primary General Per Election for Office Sought 235848.40  Full Name of Pederal Candidate State: LA Disbursement For: Primary General Per Election for Office Sought Tansaction ID: 8dc43c97-466d-4d7a-a Date State: LA Disbursement For: Primary General Per Election for Office Sought Tansaction ID: 8dc43c97-466d-4d7a-a Date State: LA Disbursement For: Primary General Per Election for Office Sought Tansaction ID: 8dc43c97-466d-4d7a-a Date State: LA Disbursement For: Primary General Per Election For Office Sought Tansaction ID: 8dc43c97-466d-4d7a-a Date Disbursement For: Primary General Tansaction ID: 8dc43c97-466d-4d7a-a Date Per Election For Office Sought Tansaction ID: 8dc43c97-466d-4d7a-a Date Per Election For Office Sought Tansaction ID: 8dc43c97-466d-4d7a-a Date Per Election For Office Sought Tansaction ID: 8dc43c97-466d-4d7a-a Date Per Election For Office Sought Tansaction ID: 8dc43c97-466d-4d7a-a Date Per Election For Office Sought Tansaction ID: 8dc43c97-466d-4d7a-a Date Per Election For Office Sought Tansaction ID: 8dc43c97-466d-4d7a-a Date Tansaction ID: 8dc43c97-466d-4d7a-a Date Per Election For Office Sought Tansaction ID: 8dc43c97-466d-4d7a-a Date Tansaction ID: 8dc43c97-46dc4d-4d7a-a Date Tansaction ID: 8dc43c97-466d-4d7a-a Date Tansaction ID: 8dc43c97-466d-4d7a-a Date Tansaction ID: 8dc43c97-466d-4d7a-a Date Tansaction ID: 8dc43c97-46dc4d-4d7a-a Date Tansaction ID: 8dc43c97-46dc4d-4d7a-a Date Tansaction ID: 8dc43c97-46	Full Name of Payee			Date	of Public Distribution/Di	ssemination
City State Zip Code Marshall TX 75633  Purpose of Expenditure Mileage						
Marshall  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Caledar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Ms. Mary L Landrieu  Caledar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Awary Rodriguez  Mailing Address  11 Cooper Lane  Category/ Salary  Purpose of Expenditure  Category/ Salary  Category  C	Mailing Address 605 W Houston St			Amou	ınt	
Marshall  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Caledar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Ms. Mary L Landrieu  Caledar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Awary Rodriguez  Mailing Address  11 Cooper Lane  Category/ Salary  Purpose of Expenditure  Category/ Salary  Category  C	City	State	Zip Code	$ \Gamma$		56.10
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee AVery Rodriguez  Mailing Address 11 Cooper Lane  City Conway  AR 72034  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category  Type  On  Transaction ID: d8986bf3-rec-d-413-8 Date of Disbursement or Obligation  Transaction ID: d8986bf3-rec-d-413-8 Date of Disbursement or Obliga			•			166d-4d7a-a
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Avery Rodriguez  Mailing Address 11 Cooper Lane  City State Zip Code Conway AR 72034  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar					M M / D D /	YYYY
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  President  Disbursement For: Primary General 2014 Other (specify) ▶  Full Name of Payee Avery Rodriguez  Mailing Address  11 Cooper Lane  City  Conway  AR  72034  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office So	Name of Federal Candidate		Support	Office Sough	nt: House Di	strict: 00
Per Election for Office Sought    235848.40   2014	Ms. Mary L Landrieu		-			
Full Name of Payee Avery Rodriguez  Mailing Address 11 Cooper Lane  City State Zip Code Conway AR 72034  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calegory/ Oppose  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Public Distribution/Dissemination  Amount  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID : d8986b13-7ecc-4f31-8 Date of Disbursement or Disbursement or Date of Da			235848.40	2014		General
Mailing Address 11 Cooper Lane  City State Zip Code Conway AR 72034  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Ye						issemination
City State Zip Code Conway AR 72034  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Transaction ID: d8986bi3-7ecc-4f31-8 Date of Disbursement or Obligation  Transaction ID: d8986bi3-7ecc-4f31-8 Date of Disbursement or Obligation  Office Sought: House District: 00 President Senate State: AR  Disbursement For: Primary General 2014 Other (specify)  (c) TOTAL Independent Expenditures  (c) TOTAL Independent Expenditures  [Electronically Filed] Date  Ms. Emily Buchanan				[		
Conway  AR  72034  Transaction ID: d8986bf3-7ecc-4f31-8 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  IElectronically Filed  Date  Transaction ID: d8986bf3-7ecc-4f31-8 Date of Disbursement or Obligation  Total House District: 00 President Senate State: AR Disbursement For: Primary General Other (specify)  157.10  (b) SUBTOTAL of Itemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Mailing Address 11 Cooper Lane			Amou	ınt	
Purpose of Expenditure Salary    Date of Disbursement or Obligation   Purpose of Expenditure   Date of Disbursement or Obligation	City	State	Zip Code	$ \Gamma$		101.00
Purpose of Expenditure Salary    Name of Federal Candidate		AR	72034			
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures					M M / D D /	YYYY
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate		Support	Office Sough	nt: House Di	istrict: 00
Calendar Year-To-Date Per Election for Office Sought  283226.30  Disbursement For: Primary  General 2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures	Mr. Mark L Pryor			_		4.5
(c) TOTAL Independent Expenditures			283226.30	2014		General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  11  06	(a) SUBTOTAL of Itemized Independent Expendi	itures		· [	171171	157.10
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMM  Date  11  Date	(b) SUBTOTAL of Unitemized Independent Expenses	nditures		•	17 17	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Mand	(c) TOTAL Independent Expenditures			· • [		
[Electronically Filed] Date 11 06 2014	with, or at the request or suggestion of, any cano	didate or authorized				
Batto III at a	Ms. Emily Buchanan	[Electron	ically Filed] Data	M M /		Y
	Signature					

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OF

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvo	men Speak Out PAC	C C00530766
Check	s if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	Il Name of Payee	Date of Public Distribution/Dissemination
	Avery Rodriguez	11 04 2014
M	ailing Address 11 Cooper Lane	Amount
С	ity State Zip Code	15.30
	Conway AR 72034	Transaction ID: 4cae69d7-2655-43fd-8 Date of Disbursement or Obligation
	urpose of Expenditure  Mileage  Category/ Type  002	11 04 2014
N	ame of Federal Candidate Support Office	e Sought: House District: 00
N	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 283226.30	ursement For: Primary
	ull Name of Payee	Date of Public Distribution/Dissemination
	Lisa Booth	11 04 7 2014
I	lailing Address 1434 South Avenue	Amount
С	ity State Zip Code	100.00
E	Eden NC 27288	Transaction ID: 820a2fdc-3a08-4aa9-b Date of Disbursement or Obligation
	urpose of Expenditure Salary  Category/ Type 001	11 04 2014
N	ame of Federal Candidate Support Offic	e Sought: House District: 00
N	Is. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	115.30
(b)	SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c)	TOTAL Independent Expenditures	
witl	der penalty of perjury I certify that the independent expenditures reported herein were not m., or at the request or suggestion of, any candidate or authorized committee or agent of either ty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 06 2014
	Signature	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Lisa Booth	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1434 South Avenue	Amount
	City State Zip Code	23.40
	Eden NC 27288	Transaction ID: 55d0e3af-ecf1-45d5-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	Full Name of Payee Phillip Williams	Date of Public Distribution/Dissemination
	Mailing Address 3007 Darden Rd	11 04 2014 Amount
1		70.00
	City State Zip Code Greensboro NC 27407	70.00 Transaction ID : b6008aa4-1c5f-4505-a
	Purpose of Expenditure Salary  Category/ Type  001	Date of Disbursement or Obligation  11 04 2014
1	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	93.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 06 2014
	Signature	

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OF

Schedule E)				PAGE 39 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee Phillip Williams			M	f Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amour	11 04 2014 It
City	State	Zip Code		40.20
Greensboro	NC	27407		action ID : ce1b626a-32bd-445e-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 04 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought	10	096565.66	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Dianna R Williams  Mailing Address 1510 W Pawnee Apt 2103			M	of Public Distribution/Dissemination
			Allicai	
City S Wichita	State KS	Zip Code 67213		80.00 ction ID : 0bc1d567-0cfe-48c1-9
Purpose of Expenditure Salary		Category/ Type 001	M	of Disbursement or Obligation  11 04 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Greg Orman		X Oppose	Preside	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		250379.71	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				120.20
(b) SUBTOTAL of Unitemized Independent Expenditure	es			7 7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	I EXI END			PAGE 40 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766			
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Dianna R Williams			M	
Mailing Address 1510 W Pawnee Apt 2103			Amount	1 04 2014
City	State	Zip Code		39.90
Wichita	KS	67213		tion ID : 5f1b47de-4583-41e7-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1·	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , , 2	250379.71	Disbursement F 2014 Othe	For: Primary X General Primary Primary Representation of the control of the cont
Full Name of Payee Beverly Williams			Date of	
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		70.00
Greensboro	NC	27407		ion ID : 7ee270ae-f9ac-4e95-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	<u></u>	1096565.66	Disbursement F 2014 Othe	For: Primary X General er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	·S		· []	109.90
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· ·	
(c) TOTAL Independent Expenditures			· .	7 1 7 1 6
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	ENDITOTIES	PAGE 41 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report Ne	ew report Amends report	t filed on
Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination
Mailing Address 410 Wedgewood Ct		11 04 2014 Amount
City State	Zip Code	60.00
Hesston KS	67062	Transaction ID: 8dc87a95-d7a7-4244-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 04 7 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Marilyn Galliardt		11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 410 Wedgewood Ct		Amount
City State Hesston KS	Zip Code 67062	43.50  Transaction ID: 9da77933-7f36-478d-a  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 04 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	250379.71	Disbursement For:  Primary  General 2014  Gher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		103.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(a) CODIONIZ OF CHICOMIZED Macportation Experience minim		7 7 7
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
	lectronically Filed] Date	11 06 2014
Signature		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	EI ENDENT EXTEND	ITOTILO	PAGE 42 OF 132 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC  C 000530766					
Check if 24-hour report 48-hour	our report New rep	ort Amends repo	rt filed on		
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination		
Mailing Address 102 S Main Street A	pt A2		11 04 2014  Amount		
City	State	Zip Code	70.00		
Berryville	VA	22611	Transaction ID : 6405a11b-5378-454c-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Mr. Greg Orman		X Oppose	President Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		250379.71	Disbursement For:  Primary  General  2014  Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Krista J Smith			11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 41176 Bertville Ro	1		Amount		
City	State	Zip Code	20.00		
Gonzales	LA	70737	Transaction ID : c5904a48-3d30-41f8-9 Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Mary L Landrieu		X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		235848.40	Disbursement For:  Primary  General 2014  General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent	ent Expenditures		90.00		
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures				
(c) TOTAL Independent Expenditures					
			4 4		
	of, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political		
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature					

Schedule E)	1 6/1 6/12			PAGE 43 OF 132 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC  C C00530766					
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y	
Full Name of Payee			Date o	f Public Distribution/Dissemination	
Krista J Smith				11 04 2014	
Mailing Address 41176 Bertville Rd			Amour	nt	
City	State	Zip Code		5.70	
Gonzales	LA	70737		action ID : bb0accdb-581c-4fff-b of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002		11 04 / 2014	
Name of Federal Candidate		Support	Office Sought	: House District:00	
Ms. Mary L Landrieu		X Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	235848.40	Disbursement 2014 Ot	For: Primary X General her (specify) ▶	
Full Name of Payee			Date of	of Public Distribution/Dissemination	
Charity A Carr			М	11 04 2014	
Mailing Address 13827 S E 44th St			L	11 04 2014	
10027 0 L 440100			Amour	nt	
City	State	Zip Code		45.00	
Choctaw	OK	73020		ction ID: 590d7898-6edc-4c38-9 of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		11 04 2014	
Name of Federal Candidate		Support	Office Sough	t: House District:00	
Mr. Mark L Pryor		Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought	, , ,	283226.30	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditure	}S		· •	50.70	
(b) SUBTOTAL of Unitemized Independent Expendit	iures		· •	7 1 7 1 4	
(c) TOTAL Independent Expenditures			<b>.</b>	7	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / /	06 2014	
Signature		_			

,			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	<u> </u>		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	C		C C00530766
Check if 24-hour report	48-hour report New rep	ort Amends report fil	ed on Man / Dad / Yayayay
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination
			11 04 2014
Mailing Address 9425 Jessica	a Drive		Amount
City	State	Zip Code	60.00
Shreveport	LA	71106	Transaction ID: bba18a68-f30b-4658-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 04 2014
Name of Federal Candidate		Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office S	ought 2	235848.40 Dis	sbursement For:  Primary
Full Name of Payee Gary W Fuhrmann  Mailing Address 9425 Jess	ica Drive		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	14.40
Shreveport	LA	71106	Transaction ID: 2f34c4de-4294-4343-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 04 2014
Name of Federal Candidate		Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office S	ought		sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Inc	dependent Expenditures	<b>&gt;</b>	74.40
(b) SUBTOTAL of Unitemized	Independent Expenditures	·····	
(c) TOTAL Independent Exper	ditures	·····	
	estion of, any candidate or authorized		made in cooperation, consultation, or concert her, or (if the reporting entity is not a political
Ms. Emily Buchana. Signature		ically Filed] Date	11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Olgitataro			

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OF

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvom	en Speak Out PAC	C C00530766
Check if	24-hour report 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
Full		Date of Public Distribution/Dissemination
	oah J Smith	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maili	ing Address 41174 Bertville Rd	Amount
City	State Zip Code	35.00
		Transaction ID : 97a3c772-fd89-44e1-a Date of Disbursement or Obligation
Purp Sala	pose of Expenditure Category/	11 04 7 2014
Nam	ne of Federal Candidate Support Office	Sought: House District: 00
Ms.	Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disburg 2014	sement For: Primary
	Name of Payee mes A Sears	Date of Public Distribution/Dissemination
Mail	ling Address 305 Averroe Dr	11 04 2014 Amount
City	State Zip Code	30.00
Аре	ex NC 27502	Fransaction ID: 0265abee-e8e6-4c0f-9 Date of Disbursement or Obligation
Purp Sal	cose of Expenditure Category/ Type 001	11 04 2014
Nam	ne of Federal Candidate Support Office	Sought: House District: 00
Ms.	Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement For:
(a) S	SUBTOTAL of Itemized Independent Expenditures	65.00
(b) S	SUBTOTAL of Unitemized Independent Expenditures	
(c) T	OTAL Independent Expenditures	
with,	r penalty of perjury I certify that the independent expenditures reported herein were not made or at the request or suggestion of, any candidate or authorized committee or agent of either, committee) any political party committee or its agent.	
0:	Ms. Emily Buchanan  [Electronically Filed] Date 11	06 2014
Si	gnature	

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OF

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXILID	TTOTILO		PAGE 46 OF 132 FOR SE OF FORM 24/48		
AME OF COMMITTEE (In Full)  Alexander On a shall Out DAC						
Women Speak Out PAC	C00530766					
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y D Y D Y		
Full Name of Payee			Date of Publi	c Distribution/Dissemination		
Ms. Tonya Boyd			M M 11	04 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount			
City	State	Zip Code		65.00		
Mt. Airy	NC	27030		ID: 19a94ce1-7b29-447d-8 ursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	M 11	04 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose		Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	1	096565.66	Disbursement For: 2014 Other (sp	Primary		
Full Name of Payee			Date of Publi	ic Distribution/Dissemination		
Ms. Tonya Boyd			11 11	04 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount			
City	State	Zip Code		9.24		
Mt. Airy	NC	27030		D : ad081aca-2b77-48f1-b ursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	11	04 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7	1096565.66	Disbursement For: 2014 Other (s	Primary X General pecify) ▶		
(a) SUBTOTAL of Itemized Independent Expendi	tures			74.24		
, , ,			7	7 7		
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•			
(c) TOTAL Independent Expenditures			<b>•</b>			
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 06	2014		
· 😈						

Scl	hedule E)	LIVE			PAGE 47 OF 132 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
W	Women Speak Out PAC C C00530766					
Che	eck if 24-hour report 48-hour report	New repo	ort Amends	report file	ed on Man / Dab / Yayayay	
T	Full Name of Payee Antoinette Franklin				Date of Public Distribution/Dissemination	
ŀ	Mailing Address 8822 Apple St				11	
ŀ	City State		Zip Code		60.00	
	New Orleans LA		70188		Transaction ID : 7fe3e478-3018-4b8d-9 Date of Disbursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type	001	11 04 2014	
l	Name of Federal Candidate		Suppo	ort Offic	ce Sought: House District: 00	
	Ms. Mary L Landrieu		Oppos		President Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	2	235848.40	Dist 201	oursement For: Primary	
	Full Name of Payee Antoinette Franklin				Date of Public Distribution/Dissemination  11	
	Mailing Address 8822 Apple St				Amount	
	City State		Zip Code		16.50	
	New Orleans LA		70188		Transaction ID : cd3f194e-003f-4b53-a Date of Disbursement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type	002	11 / 04 / 2014	
	Name of Federal Candidate		Suppo	ort Offi	ce Sought: House District: 00	
-	Ms. Mary L Landrieu		X Oppos		President Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought		235848.40	Dis 201	bursement For:  Primary  General  Other (specify) ▶	
(6	a) SUBTOTAL of Itemized Independent Expenditures			·····• <b>&gt;</b>	76.50	
(1	b) SUBTOTAL of Unitemized Independent Expenditures			······ <b>&gt;</b>		
(0	c) TOTAL Independent Expenditures			······· <b>&gt;</b>		
W	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or account committee) any political party committee or its agent.					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Signature					

			FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDE	ENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C	00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M=M /	D   D   /   Y   Y   Y   Y
	ull Name of Payee	Date of Public	Distribution/Dissemination
	Tammay Williams	11 /	04 2014
N	failing Address 924 N. Prieur St	Amount	
С	City State Zip Code		60.00
	New Orleans LA 70116	Transaction ID Date of Disburs	0 : e64ccce2-fc27-40ff-b sement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 /	04 / 2014
N	lame of Federal Candidate Support Office	Sought:	House District: 00
N	Ms. Mary L Landrieu Oppose	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 235848.40  Disbut 2014	rsement For:	Primary
	Tammay Williams	M = M /	Distribution/Dissemination
N	Mailing Address 924 N. Prieur St	Amount	04 2014
	City State Zip Code		16.50
	New Orleans LA 70116		: 74d0dd9c-d6c9-4aef-9 sement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 /	04 / 2014
N	lame of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:	Primary X General
(a)	SUBTOTAL of Itemized Independent Expenditures	7	76.50
(b)	SUBTOTAL of Unitemized Independent Expenditures	7	7
(c)	TOTAL Independent Expenditures		7 7
wit	der penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either rty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D D D D D D D D D D D D D D D D D	2014
	Signature		

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OF

				FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
vvor	men Speak Out PAC		С	C00530766	
Check	if X 24-hour report 48-hour report New report Amends report		= M	/ D = D /	Y = Y = Y = Y
Fu	III Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	lacob W Joosten	М	11 <sup>M</sup>	04	2014
Ma	ailing Address 1906 S Pine Apt B	Amou	nt		
Cit	ty State Zip Code	- [			40.00
	rittsburg KS 66762			ID: fd438c6b oursement or C	-db0f-4a4e-9
	urpose of Expenditure Category/ Type 001		11 M	04	2014
Na	ame of Federal Candidate Support	Office Sough	t:	House	District:00
М	Ir. Greg Orman Oppose	Preside		X Senate	State: KS
	Odiciladi Todi To Dato	Disbursemen 2014 O		Primary specify) ▶	General
Eu	ıll Name of Payee				Discomination
	lacob W Joosten	Date	11 M	olic Distribution/	2014
Ma	ailing Address 1906 S Pine Apt B	Amou		04	2014
Ci	ity State Zip Code				3.90
	Pittsburg KS 66762			ID: ee8b7bc3- bursement or C	3783-4504-a
	urpose of Expenditure  Mileage  Category/ Type  002		11	04	2014
Na	ame of Federal Candidate Support	Office Sough	t:	House	District: 00
М	Ir. Greg Orman Oppose	Preside	ent	X Senate	State: KS
		Disbursemen 2014 O		Primary specify) ▶	K General
(a)	SUBTOTAL of Itemized Independent Expenditures		-7		43.90
(b)	SUBTOTAL of Unitemized Independent Expenditures	· [			
(c)	TOTAL Independent Expenditures	•	7	7	
with	der penalty of perjury I certify that the independent expenditures reported herein were not on at the request or suggestion of, any candidate or authorized committee or agent of ty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M = M /	06		4
-	Signature				

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OF

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Karen Congema		11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 813 Worthington Way		Amount
City	State Zip Code	30.00
Wilmington	NC 28411	Transaction ID : f77ca134-8848-4f65-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose p	President State: NC
Calendar Year-To-Date Per Election for Office Sought	1096565.66 Disburs 2014	sement For: Primary X General  Other (specify) ▶
Full Name of Payee Karen Congema  Mailing Address 813 Worthington Way		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	3.00
Wilmington		ransaction ID : 5cb6c04a-8788-4418-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 04 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1096565.66 Disburs 2014	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures.	<b>•</b>	33.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 11	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE

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OF

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC	C C00530766					
	S					
Check if X 24-hour report 48-hour report New report Amends report f	iled on M / D D / Y Y Y Y					
Full Name of Payee Krystal A Wilson	Date of Public Distribution/Dissemination					
	11 04 2014					
Mailing Address 448 Judson Dr	Amount					
City State Zip Code	70.00					
Wake Forest NC 27587	Transaction ID: c3e90dbe-7d64-4b61-9 Date of Disbursement or Obligation					
Purpose of Expenditure Salary  Category/ Type  001	11 04 7 2014					
Name of Federal Candidate Support O	ffice Sought: House District:00					
Ms. Kay Hagan Oppose	President Senate State: NC					
	isbursement For:  Primary					
Full Name of Payee	Date of Public Distribution/Dissemination					
Krystal A Wilson	11 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 448 Judson Dr	Amount					
City State Zip Code	8.10					
Wake Forest NC 27587	Transaction ID: 401715e8-b32e-4bd5-8 Date of Disbursement or Obligation					
Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014					
Name of Federal Candidate Support O	ffice Sought: House District:00					
Ms. Kay Hagan Oppose	President State: NC					
	isbursement For: Primary					
(a) SUBTOTAL of Itemized Independent Expenditures	78.10					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan  [Electronically Filed] Date	11 06 2014					
Oignature						

Sche	edule E)		1101120		PAGE 52 OF 132 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	a if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ull Name of Payee Logan B Piper				of Public Distribution/Dissemination
M	ailing Address 3205 Pebble Beach Rd			Amou	11 04 2014 nt
Ci	itu.	State	Zip Code	—	88.00
С	Conway	AR	72034		action ID : e25a8773-e446-4aad-b of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		11 04 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	fr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		283226.30	Disbursement 2014 O	t For:
	ull Name of Payee Logan B Piper				of Public Distribution/Dissemination
М	lailing Address 3205 Pebble Beach Rd			Amou	للنبا لنا لل
С	ity	State	Zip Code		16.08
	Conway	AR	72034		ction ID : 2224e35b-bcab-4bf8-b of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		11 04 7 2014
	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	/Ir. Mark L Pryor		Oppose	Preside	ent X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		283226.30	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditures	s			104.08
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures			
(c)	TOTAL Independent Expenditures			· •	7
with	der penalty of perjury I certify that the independer n, or at the request or suggestion of, any candidat ty committee) any political party committee or its a	te or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	06 2014
	Signature				

	· · · · · · · · · · · · · · · · · · ·			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	EC II	DENTIFICATION	ON NUMBER ▼
۷V	omen Speak Out PAC		С	C00530766	
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on	M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	Publi	ic Distribution/	Dissemination
	Lee R Carter	M 1	1	04	2014
	Mailing Address 3110 Brentwood Rd	Amount			
ŀ	City State Zip Code	Г.			90.00
	Raleigh NC 27604			ID: af2013e4	
	Purpose of Expenditure Salary  Category/ Type 001	M		04	2014
Ī	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Kay Hagan Oppose	Presiden	t [	Senate	State: NC
١	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement Oth		Primary pecify) ▶	X General
	Full Name of Payee Lee R Carter  Mailing Address 3110 Brentwood Rd	M	1 M	ic Distribution/	Dissemination 2014
ŀ	City State Zip Code		-		16.20
	·			D: a5eb28c1- oursement or C	ae50-4bcc-a
	Purpose of Expenditure Mileage  Category/ Type  002	M	1 M	04	2014
	Name of Federal Candidate Support Office	Sought:		House	District:00
	Ms. Kay Hagan	Presider	nt [	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement Oth		Primary	General
(	a) SUBTOTAL of Itemized Independent Expenditures			1 1 7	106.20
(	b) SUBTOTAL of Unitemized Independent Expenditures		-7	7	
(	c) TOTAL Independent Expenditures		-7-		
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not market, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	06	/ Y Y 201	
	Signature				

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OF

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Jenny N Brown	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1270 Lovelady Rd	mount
City State Zip Code	30.00
West Monroe LA 71292 Tr.	ransaction ID: e8798eea-f266-42a2-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 04 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms Mary I Landrieu	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 235848.40  Disburser 2014	ment For:
	ate of Public Distribution/Dissemination
Jenny N Brown	11 04 2014
Mailing Address 1270 Lovelady Rd	mount
City State Zip Code	4.50
	ansaction ID : 0fa98473-be8f-4e36-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident X Senate State: LA
	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	34.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	06 2014
Signature	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Francesca Blom	11 04 2014
	Mailing Address 101 Asbury Ct	Amount
	City State Zip Code	75.00
	Winchester VA 22602	Transaction ID : f4f0e3be-4199-4b4a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 250379.71  Disbut 2014	ursement For: Primary
	Full Mana of Davis	
	Full Name of Payee  Benjamin L Heitman	Date of Public Distribution/Dissemination  11 04 2014
	Mailing Address 2520 Helmstetler Rd	Amount
	City State Zip Code	75.00
	Lexington NC 27295	Transaction ID : a77c3add-926a-4d3f-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disba 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	150.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 06 2014
	Signature	

PAGE

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OF

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed		= M	/ D D /	Y Y Y Y
$\sqcap$	Full Name of Payee	Date of	of Pub	lic Distribution/	/Dissemination
	Benjamin L Heitman	М	11	/ D D /	2014
	Mailing Address 2520 Helmstetler Rd	Amou	nt		
	City State Zip Code		-		4.80
	Lexington NC 27295			ID: 7095827f bursement or C	
	Purpose of Expenditure Mileage  Category/ Type  002		11 M	04	Y Y Y Y Y Y 2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	irsemen		Primary specify) ▶	General
	Full Name of Payee  James W Blevins	Date	of Pub	olic Distribution	Y Y Y Y Y
	Mailing Address 108 East Clinton St PO Box 410	Amou	11	04	2014
	City State Zip Code	Γ.			51.00
	,			ID: c0e7cc66- bursement or (	-3cfb-4ef7-8
	Purpose of Expenditure Salary  Category/ Type 001	Date (	11	/ Day /	2014
	Name of Federal Candidate Support Office	Sough	ıt:	House	District: 00
	M 16 11	Preside		X Senate	State: NC
				Primary	/ X General
(	(a) SUBTOTAL of Itemized Independent Expenditures				55.80
(	(b) SUBTOTAL of Unitemized Independent Expenditures				1 1 1
(	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 / l	06		Y Y 4
	Signature		<u></u>		
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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
$\Box$	Full Name of Payee	Date of Public Distribution/Dissemination
	James W Blevins	11 04 2014
	Mailing Address 108 East Clinton St	Amount
	PO Box 410	
	City State Zip Code Salemburg NC 28385	10.05  Transaction ID: 760fea62-529c-4d00-9  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type 002	11 04 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary
	Full Name of Payee Eric J Smith	Date of Public Distribution/Dissemination
	Mailing Address 4967 Dysartville	11 04 2014 Amount
1	City State Zip Code	75.00
	Morganton NC 28655	Transaction ID: 5b2fa427-d6e6-450d-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	85.05
	(b) SUBTOTAL of Unitemized Independent Expenditures	7
	(c) TOTAL Independent Expenditures	7 7 7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date	1 06 2014
	Oignataio	<del></del>

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OF

Schedule E)		IVI EXI EIVE			PAGE 58 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak C	Out PAC				C C00530766
Check if 24-hour re	port 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Jennifer E Sm	nith	<u> </u>			of Public Distribution/Dissemination
Mailing Address 496	7 Dysartsville Rd			Amou	11 04 2014 nt
City		State	Zip Code		75.00
Morganton		NC	28655		action ID : ff0fbb90-629d-40c8-b of Disbursement or Obligation
Purpose of Expendite Salary	ure		Category/ Type 001		11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Ca	ndidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			Oppose	Preside	NO.
Calendar Year-To Per Election for		10	096565.66	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee Jennifer E Smi	th				of Public Distribution/Dissemination
Mailing Address 4	967 Dysartsville Rd			Amou	nt
City		State	Zip Code		10.20
Morganton  Purpose of Expendit		NC	28655		of Disbursement or Obligation
Mileage	ure		Category/ Type 002	N	11 04 7 2014
Name of Federal Ca	ndidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	
Calendar Year-T Per Election for			1096565.66	Disbursemen 2014	ther (specify) ►
(a) SUBTOTAL of Ite	mized Independent Expenditu	ures		•	85.20
(b) SUBTOTAL of Un	itemized Independent Expen	ditures			4 4 4
(c) TOTAL Independent	ent Expenditures			· [	7
with, or at the request		date or authorized			cooperation, consultation, or concert the reporting entity is not a political
	Buchanan	[Electron	ically Filed] Date	e 11	06 2014
Signature					

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	II EXI END	ITOTILO		PAGE 59 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Leslie D Moore			М = М	blic Distribution/Dissemination
Mailing Address 1903 Swan Dr			Amount	04 2014
City	State	Zip Code		100.00
Lenoir	NC	28645		n ID : ee75862f-d891-4eb1-b
Purpose of Expenditure Salary		Category/ Type 001	11	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 10	096565.66	Disbursement For: 2014 Other (	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Leslie D Moore			11	04 / 2014
Mailing Address 1903 Swan Dr			Amount	
City	State	Zip Code		15.90
Lenoir	NC	28645		n ID : edbdba23-35cf-401c-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 M	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1096565.66	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditure	es			115.90
(b) SUBTOTAL of Unitemized Independent Expend	itures			7 7 7
				7- 1-7- 1-7-
(c) TOTAL Independent Expenditures			<b>•</b>	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 00	
Signature				

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LINI EXPEND	TIONES	-	PAGE 60 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D   D / Y   Y   Y   Y
Full Name of Payee Zachary R McCleese			M = M /	Distribution/Dissemination
Mailing Address 323 Rolling Pines Dr			Amount	04 2014
City	State	Zip Code		40.00
Spring Lake	NC	28390		<b>D: 1b193b25-5409-442d-a</b> resement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	.,,	283226.30	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Zachary R McCleese			11	04 / 2014
Mailing Address 323 Rolling Pines Dr			Amount	
City	State	Zip Code		23.10
Spring Lake	NC	28390		: 07ae1ad2-fee2-4512-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		283226.30	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures		·	63.10
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
			4	4-1-4-1
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 / D D D D D D D D D D D D D D D D D D	2014
Signature				

Schedule E)			1101120		PAGE 61 OF 132 FOR SE OF FORM 24/48
NAME OF COMMIT					FEC IDENTIFICATION NUMBER ▼
Women Spea	ak Out PAC				C C00530766
Check if X 24-ho	our report 48-hour repo	rt New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of P				Date of	of Public Distribution/Dissemination
Cathy Lon				M	11 04 2014
Mailing Address	827 Navavre Ave			Amou	nt
City		State	Zip Code		50.00
New Orleans		LA	70124		action ID : d02a72db-7d2f-4d12-9 of Disbursement or Obligation
Purpose of Exp Salary	penditure		Category/ Type 001		11 04 2014
Name of Feder	al Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Lar	ndrieu		X Oppose	Preside	
	rear-To-Date on for Office Sought		235848.40	Disbursement 2014 O	t For:
Full Name of F				Date of	of Public Distribution/Dissemination
Cathy Long	gtin			I	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	S 827 Navavre Ave				للنبا لنا لل
				Amou	nt
City		State	Zip Code		4.05
New Orleans		LA	70124	Transa Date o	ction ID: 75b3200d-9681-4429-9 of Disbursement or Obligation
Purpose of Exp Mileage	penditure		Category/ Type 002	M	11 / 04 / 2014
Name of Feder			Support	Office Sough	t: House District: 00
Ms. Mary L Lar	ndrieu		X Oppose	Preside	ent Senate State: LA
	Year-To-Date on for Office Sought		235848.40	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL	of Itemized Independent Expe	enditures		· •	54.05
(b) SUBTOTAL	of Unitemized Independent Ex	xpenditures		•	
(c) TOTAL Inde	pendent Expenditures			•	7
with, or at the re		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms.	Emily Buchanan	[Electron	ically Filed] Date	M M M /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Cynthia N Schmit	11 04 2014
	Mailing Address 2226 Taft Circle Apt 1	Amount
	City State Zip Code	7.50
	Winchester VA 22601	Transaction ID : f11a595a-d997-48be-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disb 250379.71  2014	ursement For: Primary X General
	Per Election for Office Sought	Other (specify) ▶
	Full Name of Payee Christopher Marquess	Date of Public Distribution/Dissemination
	Mailing Address 110 W Pecan St	11 04 2014 Amount
	City State Zip Code	65.00
	Ville Platte LA 70586	Transaction ID : f65e264c-a779-48bc-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 7 2014
	Name of Federal Candidate Support Office	ee Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb. 235848.40	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	72.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) ( * 1) 771 17	11 06 2014
	Signature	

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OF

, , , , , , , , , , , , , , , , , , ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-h	our report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Christopher Marquess		11 04 2014
Mailing Address 110 W Pecan St		Amount
City	State Zip Code	23.40
Ville Platte	LA 70586	Transaction ID : 64968025-8fd2-419c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	235848.40 Disk 2014	oursement For: Primary General  Other (specify)
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4120 Bon Aire Dr	· Apt 6307	Amount
City	State Zip Code	60.00
Monroe	LA 71212	Transaction ID : ccc356bc-dec2-482d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 04 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose □	President State: LA
Calendar Year-To-Date Per Election for Office Sought	235848.40 Dist 201	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independ	lent Expenditures	83.40
(b) SUBTOTAL of Unitemized Indepe	endent Expenditures	
(c) TOTAL Independent Expenditures	S	
	t the independent expenditures reported herein were not nof, any candidate or authorized committee or agent of eithorm ittee or its agent.	
Ms. Emily Buchanan	[Electronically Filed] Date	11 06 2014
Signature		

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Michael A Toomey	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4120 Bon Aire Dr Apt 6307	Amount
	City State Zip Code	7.20
	Monroe LA 71212	Transaction ID: 3d784cb0-95e7-45a2-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	005040 40	rsement For: Primary Keneral
	Per Election for Office Sought 235848.40 2014	Other (specify) ▶
	Full Name of Payee  Joshua D Syrotchen	Date of Public Distribution/Dissemination
	Mailing Address 915 Fast Market Ave	11 04 2014
	915 East Market Ave	Amount
	City State Zip Code	80.00
	Searcy AR 72149	Transaction ID: 38defa1f-3cc6-44af-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 04 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
		President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 283226.30	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	87.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	
	Signature	

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### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXIEND	TTOTILO	PAGE 65 FOR SE OF	OF 132 FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATIO	N NUMBER ▼		
Women Speak Out PAC C c00530766						
Check if 24-hour report 48-hour report	New rep	oort Amends repo	t filed on	Y I Y I Y I Y		
Full Name of Payee  Joshua D Syrotchen			Date of Public Distribution/E	Y   Y   Y   Y		
Mailing Address 915 East Market Ave			11 04 Amount	2014		
City	State	Zip Code		54.90		
Searcy	AR	72149	Transaction ID : 502aa1a9- Date of Disbursement or O	67f2-433a-a		
Purpose of Expenditure Mileage		Category/ Type 002	11 04	2014		
Name of Federal Candidate		Support	Office Sought: House D	District: 00		
Mr. Mark L Pryor		X Oppose	President Senate	State: AR		
Calendar Year-To-Date Per Election for Office Sought		283226.30	Disbursement For:  Primary 2014  Other (specify) ▶	X General		
Full Name of Payee			Date of Public Distribution/I	Dissemination		
Matt Curran			11 04 /	2014		
Mailing Address 1537 Country Lane			Amount			
City	State	Zip Code		32.00		
Kernersville	NC	27284	Transaction ID : 67270747-6 Date of Disbursement or O			
Purpose of Expenditure Salary		Category/ Type 001	11 / 04 /	2014		
Name of Federal Candidate		Support	Office Sought: House	District: 00		
Ms. Kay Hagan		Oppose	President Senate	State: NC		
Calendar Year-To-Date Per Election for Office Sought	7 7	1096565.66	Disbursement For:  Primary 2014  Other (specify) ▶	X General		
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	86.90		
(b) SUBTOTAL of Unitemized Independent Exper	nditures					
			4	-		
(c) TOTAL Independent Expenditures			<b>•</b>			
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 06 Y Y Y 1			
-						

Schedule E)	iiti Exi Eite			PAGE 66 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Matt Curran			M = M	lic Distribution/Dissemination
Mailing Address 1537 Country Lane			Amount	04 2014
City	State	Zip Code		12.00
Kernersville	NC	27284		ID : f484c5b1-3b96-40d2-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC  Primary Seneral
Calendar Year-To-Date Per Election for Office Sought	4000505.00			
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Sommer E Cox			M M M	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1519 Walshtown Rd			Amount	
City	State	Zip Code		70.80
Boomer	NC	28606	Transaction Date of Disk	ID: 7a69ac7c-2579-47b5-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 M	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1096565.66	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			82.80
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
(c) TOTAL Independent Expenditures			·	4 4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canon party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	9 11 06	2014
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI LXI LIVD	TIONES	<b>—</b>	PAGE 67 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Sommer E Cox			M 1 M /	04 / 2014
Mailing Address 1519 Walshtown Rd			Amount	
City	State	Zip Code		9.00
Boomer	NC	28606		: 7dd949f8-f9b0-400b-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	1	096565.66	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	<u> </u>		Date of Public	Distribution/Dissemination
Heather N Montgomery			M M /	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Wyncrest Ct			Amount	
City	State	Zip Code		51.50
Hendersonville	TN	37075		: 816bbd4c-7a2d-4133-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		283226.30	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures			60.50
			4	7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	7
(c) TOTAL Independent Expenditures			<b>)</b>	79. 1 75. 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 06	2014
-				

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C	C00530766
Che	eck if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed	on M = M	/ D D / Y B Y B Y
Т	Full Name of Payee	Date of P	Public Distribution/Dissemination
	Heather N Montgomery	11	04 2014
	Mailing Address 106 Wyncrest Ct	Amount	
	City State Zip Code	L	3.30
	Hendersonville TN 37075		ion ID : 7d1ca665-cf08-4a31-b Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M 11	W / D D / Y Y Y Y
ı	Name of Federal Candidate Support Office	Sought:	House District:00
	Mr. Mark L Pryor	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 283226.30  Disbu 2014	rsement Fo	or: Primary ⊠ General  r (specify) ▶
ı	Full Name of Payee Kinsey E Beck	Date of F	Public Distribution/Dissemination
	Mailing Address 103 Glenhaven Ct	11	04 / 2014
		Amount	
ı	City State Zip Code	1	65.00
			on ID: 54f424ad-f311-42fc-8 Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11	
١	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 283226.30		or: Primary X General r (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		68.30
	(b) SUBTOTAL of Unitemized Independent Expenditures		711717
(	(c) TOTAL Independent Expenditures		7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 1		06 2014
	Signature		

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Schedule E)	<b>L</b> /( <b>L</b> ( <b>L</b> )			PAGE 69 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Kinsey E Beck				11 04 2014
Mailing Address 103 Glenhaven Ct			Amoun	t
City	State	Zip Code		25.20
Harvest	AL	35749		ction ID : 5e018bac-1d66-43ee-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	283226.30	Disbursement 2014 Oth	For: Primary ⊠ General ner (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
Carla K Pilgreen				11 04 2014
Mailing Address 212 Stonecliff Dr			Amoun	لىنىا لنا ك
				20.00
City West Monro	State LA	Zip Code 71291		30.00 tion ID : 3174a27c-658d-4fb4-9
Purpose of Expenditure Salary		Category/ Type 001	M	f Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		235848.40	Disbursement 2014 Ott	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	\$		•	55.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	4 1 4 1 4 1
(c) TOTAL Independent Expenditures			· •	7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M = M /	06 / Y = Y = Y = Y = Y
Signature				

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	C IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	С	C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M	/ D D / Y Y Y Y
	Full Name of Payee Todd Ellis	Date of Po	ublic Distribution/Dissemination
		11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address P.O. Box 712	Amount	
Ì	City State Zip Code		95.00
	Alexander AR 72002		on ID : 299bca71-f692-484a-9 isbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	M M M	
	Name of Federal Candidate Support Office	Sought:	House District:00
	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 283226.30  2014	rsement Fo	r: Primary
	Full Name of Payee Todd Ellis	M M	
	Mailing Address P.O. Box 712	Amount	04 2014
	City State Zip Code		35.10
	Alexander AR 72002		n ID: 33704e2e-977a-46ba-9 isbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11	
	Name of Federal Candidate Support Office	Sought:	House District:00
	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 283226.30		r: Primary X General (specify) •
	(a) SUBTOTAL of Itemized Independent Expenditures		130.10
	(b) SUBTOTAL of Unitemized Independent Expenditures		7
(	(c) TOTAL Independent Expenditures		4   4   4
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan  [Electronically Filed] Date	1 0	2014
	Signature		

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OF

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 00030700
Check if 24-hour report 48-hour report New report Amends report fi	led on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Cecilla A Rebrick	11 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5003 Allison Lane	Amount
City State Zip Code	30.00
Ft. Smith AR 72901	Transaction ID: 117cf896-a80c-4c06-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 04 7 2014
	fice Sought: House District: 00
Mr. Mark L Pryor Oppose	President X Senate State: AR
Calcilidai ical io Date	sbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Cecilla A Rebrick	11 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5003 Allison Lane	Amount
City State Zip Code	0.60
Ft. Smith AR 72901	Transaction ID : da3b73c9-fece-465f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	ffice Sought: House District: 00
Mr. Mark L Pryor Oppose	President X Senate State: AR
	isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	30.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	·
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
V۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y = Y = Y
П	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Julia Perry	М	11 <sup>M</sup>	04	2014
	Mailing Address 2046 Perrin St Apt C	Amou	nt		
ŀ	City State Zip Code	Г.	-		100.00
	Shreveport LA 71101			n ID: 3172c6c6 bursement or C	-ad25-4ef3-8
	Purpose of Expenditure Salary  Category/ Type 001		11	04	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 235848.40  Disbu 2014	rsemen		Primary specify) ▶	General
•	Full Name of Payee			olic Distribution/	/Dissemination
	Julia Perry	IM	11	/ D D / 04	2014
	Mailing Address 2046 Perrin St Apt C	Amou	nt		
1	City State Zip Code				6.00
	Shreveport LA 71101			ID: 61ba97dc- bursement or C	
	Purpose of Expenditure Mileage  Category/ Type  002		11	04	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary specify) ►	K General
(	(a) SUBTOTAL of Itemized Independent Expenditures				106.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures			7	
(	(c) TOTAL Independent Expenditures			7 - 7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	06		4
	Signature				

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OF

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends re	port filed on D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ron K Lassiter	11 04 2014
Mailing Address 3846 SW Wood Valley Dr	11 04 2014
, , , , , , , , , , , , , , , , , , , ,	Amount
City State Zip Code	50.00
Topeka KS 66610	Transaction ID: a9211ed1-cf86-463e-a
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Salary Type 00	11 04 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Greg Orman Oppose	President X Senate State: KS
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought 250379.71	2014
Full Name of Payee	Date of Public Distribution/Dissemination
Ron K Lassiter	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3846 SW Wood Valley Dr	
	Amount
City State Zip Code	4.20
Topeka KS 66610	Transaction ID: cc06765c-bb5e-4faa-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ 00	M M / D D / Y Y Y Y
Type	2 11 04 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought 250379.71	2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	> 54.20
#X	
(b) SUBTOTAL of Unitemized Independent Expenditures	···· <b>&gt;</b>
(c) TOTAL Independent Expenditures	
(a) TOTAL INDEPENDENT EXPENDITURES	
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agen	
party committee) any political party committee or its agent.	
Ms. Emily Buchanan	
[Electronically Filed]	ate 11 06 2014
Signature	

Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Joseph R Rys  Mailing Address 160 #50 Pompano Dr  City New Bern  NC  State  Zip Code NC  NC  Z8560  Transaction ID: f17300cd-516c-4640-Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Name of Federal Candidate  Support  Other (specify)  Date of Public Distribution/Disseminat  Amount  Transaction ID: f17300cd-516c-4640-Date of Disbursement or Obligation  M M M M M M M M M M M M M M M M M M M	on
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report fi	00 -8
Check if	00 -8
Mailing Address 160 #50 Pompano Dr	00 -8
Mailing Address 160 #50 Pompano Dr  City State Zip Code New Bern NC 28560  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Joseph R Rys  Mailing Address 160 #50 Pompano Dr  City State Zip Code Disbursement For: Primary Gel 2014  Other (specify)  Transaction ID : d363f92a-a2d4-46e4 Date of Disbursement or Obligation  Primary Gel 2014  Other (specify)  Transaction ID : d363f92a-a2d4-46e4 Date of Disbursement or Obligation  M M M M M M M M M M M M M M M M M M M	00 -8 00 IC
City State Zip Code  NC 28560  Purpose of Expenditure Salary    Category/ Type   001   11	-8 00 IC
New Bern NC 28560  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Joseph R Rys  Mailing Address 160 #50 Pompano Dr  City State Zip Code New Bern NC 28560  Purpose of Expenditure  NC 28560  Transaction ID: d363f92a-a2d4-46e4 Date of Disbursement or Obligation  M 1 1	-8 00 IC
New Bern NC 28560  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Joseph R Rys  Mailing Address 160 #50 Pompano Dr  City State Zip Code New Bern NC 28560  Purpose of Expenditure  NC 28560  Transaction ID: d363f92a-a2d4-46e4 Date of Disbursement or Obligation  M 1 1	-8 00 IC
Purpose of Expenditure Salary  Category/ Type  O01  M M M M M M M M M M M M M M M M M M M	00 IC
Ms. Kay Hagan    Support   Childer Sought   House   District:	IC
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Joseph R Rys  Mailing Address 160 #50 Pompano Dr  City New Bern  NC  State  Zip Code New Bern  NC  Category/ Mileage  Category/ Mileage  Name of Federal Candidate  Noppose  President  Senate State:  Primary  Primary  Primary  Other (specify)  Date of Public Distribution/Disseminat  Miling Address 160 #50 Pompano Dr  Amount  City  Category/ Type  Ou2  Mileage  Support  Office Sought: House District:  Noppose  State:  Primary  Age  Category/ Type  Ou2  Mileage  Noppose  President  Senate  State:  Primary  Age  Category/ Type  Ou7  Transaction ID: f17300cd-516c-4640-  Date of Disbursement or Obligation  Mileage  Noppose  Support  Office Sought: House  District:  Noppose  Noppose  Notate:  Noppose  Notate:  Noppose  Notate:  Noppose  President  Senate  State:  Noppose  President  Senate  State:  Noppose  Primary  Age  Category/ Other (specify)  Noppose  Notate:  Noppose  Noppose  Noppose  Noppose  Support  Office Sought:  Noppose	
Per Election for Office Sought  Tull Name of Payee  Joseph R Rys  Mailing Address  160 #50 Pompano Dr  Date of Public Distribution/Disseminat  Manunt  City  State  Zip Code  New Bern  NC  28560  Purpose of Expenditure  Mileage  Name of Federal Candidate  Support  Other (specify)  Date of Public Distribution/Disseminat  Manunt  Transaction ID: f17300cd-516c-4640-  Date of Disbursement or Obligation  Purpose of Expenditure  Mileage  Support  Office Sought:  House  District:  Date of Public Distribution/Disseminat  Amount  Other (specify)  Other (specify)  Amount  Date of Public Distribution/Disseminat  Other (specify)  Other (specify)  Amount  Other (specify)  Other (specify)  Tull 10 04 2014	neral
Full Name of Payee  Joseph R Rys  Mailing Address  160 #50 Pompano Dr  City  State  Vip Code  New Bern  NC  28560  Purpose of Expenditure Mileage  Name of Federal Candidate  Name of Federal Candidate  Other (specify)  Date of Public Distribution/Disseminat  Amount  Table 10	
Joseph R Rys  Mailing Address 160 #50 Pompano Dr  City State Zip Code  New Bern NC 28560  Purpose of Expenditure Mileage  Name of Federal Candidate  Support Office Sought: House District:	
Mailing Address 160 #50 Pompano Dr  City State Zip Code  New Bern NC 28560  Purpose of Expenditure Mileage  Category/ Type 002  Name of Federal Candidate  Amount  Transaction ID : f17300cd-516c-4640-Date of Disbursement or Obligation  Mailing Address 160 #50 Pompano Dr  Amount  Category/ O02  Support Office Sought: House District:	
New Bern  NC  28560  Transaction ID: f17300cd-516c-4640- Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  Office Sought:  House  District:	
Purpose of Expenditure Mileage  Category/ Type  Out  Office Sought:  Date of Disbursement or Obligation  Purpose of Expenditure  Manuel of Federal Candidate  Date of Disbursement or Obligation  Out  Office Sought:  House  District:	5
Purpose of Expenditure Mileage  Category/ Type  O02  11  O4  Y 2014  Name of Federal Candidate  Support  Office Sought: House District:	b
Support Since Sought. Induse District.	Y
Ms. Kay Hagan    Oppose   President   Senate   State:	00
	IC
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary  2014  Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poliparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 06 2014	
Signature	

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OF

Schedule E)		PAGE 75 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report N	lew report Amends report fi	iled on Man / Dad / Yayayay
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr		11
City State	Zip Code	60.00
Bossier City LA	71111	Transaction ID : eac089ce-46da-4694-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General  114 Other (specify) ▶
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr		11 04 2014 Amount
City State	Zip Code	16.29
Bossier City LA	71111	Transaction ID : dc29c542-548b-4b45-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 04 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General 014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	····	76.29
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
	Electronically Filed] Date	11 06 2014
Signature		

· · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report No	lew report Amends report filed on Amends report
Full Name of Payee Brittany A Frederick	Date of Public Distribution/Dissemination
	11 04 2014
Mailing Address 18793 Hilltop Ln	Amount
City State	Zip Code 80.00
Nevada TX	75173 Transaction ID: 07baa47c-be6d-45d4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 04 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Brittany A Frederick  Mailing Address 18793 Hilltop Ln	Date of Public Distribution/Dissemination  M M M / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
City State	Zip Code 30.00
Nevada TX	75173 Transaction ID : 66a611d2-7d1a-4843-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 04 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 11 06 2014
Signature	

PAGE

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OF

Schedule E)	<b>7</b> 2111	1101120		PAGE 77 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	t New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Dylan J Sparks			Date of Publi	c Distribution/Dissemination
Mailing Address 915 East Market Ave			Amount	04 2014
City	State	Zip Code		80.00
Searcy	AR	72149		ID: 44d59735-acbd-466c-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	04 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		283226.30	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Dylan J Sparks			Date of Publi	ic Distribution/Dissemination
Mailing Address 915 East Market Ave			Amount	
City	State	Zip Code		52.80
Searcy	AR	72149	Transaction II  Date of Disb	D : a406f4fd-c892-4ac5-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		283226.30	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		. >	132.80
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 06	2014
Signature				

Schedule E)	<b>L</b> /(1 <b>L</b> /(2)	1101120		PAGE 78 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Felicia A Jones			М	
Mailing Address 4106 Martha St			Amount	1 04 2014
City	State	Zip Code		90.00
Shreveport	LA	71109		ction ID : df3a9c85-f956-4f14-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	1 04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	state: LA
Calendar Year-To-Date Per Election for Office Sought	2	235848.40	Disbursement 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee Felicia A Jones			М	Public Distribution/Dissemination
Mailing Address 4106 Martha St			Amount	11 04 2014 t
City	State	Zip Code		8.10
Shreveport	LA	71109		tion ID : 56589c57-5f7b-4d14-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, ,	235848.40	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3			98.10
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	4
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date		06 2014
Signature				

Schedule E)	TI EXI END	TTOTILO	PAGE 79 OF 13. FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	Y
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination	
Mailing Address 2565 Shire Circle			11 04 2014 Amount	
City	State	Zin Codo	70.00	
Harrisonburg	VA	Zip Code 22801	Transaction ID : d15e5e83-8343-4d99-8 Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	11 04 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	)
Mr. Greg Orman		Oppose	President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		250379.71	Disbursement For:  Primary  Gene 2014  Other (specify) ▶	eral
Full Name of Payee Brandy Starns	_		Date of Public Distribution/Dissemination	
Mailing Address 300 Evangeline St			11 04 2014 Amount	_
City	State	Zip Code	90.00	$\neg$
Monroe	LA	71201	Transaction ID : 96c9e6fb-291d-42b9-a Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	11 04 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	)
Ms. Mary L Landrieu		Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	7	235848.40	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	eral ——
(a) SUBTOTAL of Itemized Independent Expenditure	es		. ▶ 160.00	
(b) SUBTOTAL of Unitemized Independent Expend	itures		. •	_
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 06 7 2014	
Signature				

Schedule E)		PAGE 80 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Brandy Starns		of Public Distribution/Dissemination
Mailing Address 300 Evangeline St	Amou	11 04 2014 unt
City State Zip Co	nde	39.30
Monroe LA 71201	Trans	saction ID : 285cbc74-a970-47df-a of Disbursement or Obligation
Purpose of Expenditure Mileage  Cate	gory/ Type 002	11 04 2014
Name of Federal Candidate	Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu	X Oppose Presid	lent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 235848.	Disbursemer 2014	nt For:
Full Name of Payee Daniel M Qauckenbush  Mailing Address 12062 NC 902 Hwy		of Public Distribution/Dissemination
12002 NO 902 Hwy	Amou	unt
City State Zip Co Bear Creek NC 2720	7 Trans	80.00 action ID : 42a795c0-792a-4ad4-b
Purpose of Expenditure Salary Cate		of Disbursement or Obligation  M
Name of Federal Candidate	Support Office Sough	ht: House District: 00
Ms. Kay Hagan	Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	······································	119.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	<b>&gt;</b> [	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reports with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically F	iled] Date 11	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)		1101120		PAGE 81 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	A / D = D / Y = Y = Y
Full Name of Payee Daniel M Qauckenbush			М = 1	
Mailing Address 12062 NC 902 Hwy			Amount	04 2014
City	State	Zip Code		30.60
Bear Creek	NC	27207		ion ID : 57afa54f-0fef-47f2-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 10	096565.66	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee Christopher L Gilbert  Mailing Address 55 Lovell Johnson Rd			Date of F	
55 LOVEII JUIIIISUTI NU			Amount	
City	State	Zip Code	يـــــــــــــــــــــــــــــــــــــ	85.00
Picayune	MS	39466	Transaction Date of [	on ID: 8d36275d-36f8-4848-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	235848.40	Disbursement F 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>•</b>	115.60
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	4   4   4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date		06 2014
Signature				

Sche	dule E)	L/11 -1.12.	101120				PAGE 82 OF 132 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wor	men Speak Out PAC					С	C00530766
Check	if 24-hour report 48-hour report	New repo	ort Ame	nds repo	rt filed on	И = M /	D = D / Y = Y = Y
	Il Name of Payee Christopher L Gilbert					M = M /	C Distribution/Dissemination
Ма	ailing Address 55 Lovell Johnson Rd				Amou	unt	04 2014
Cit	hy	State	Zip Code				47.10
	icayune	MS	39466				D: e8862c2d-818f-4fa1-a ursement or Obligation
	rpose of Expenditure lileage		Category/ Type	002		11	04 / 2014
Na	ame of Federal Candidate		Su	upport	Office Soug	nt:	House District:00
M	s. Mary L Landrieu			ppose	Presid	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	235848.40		Disbursement 2014	nt For: Other (sp	Primary
	III Name of Payee Catie A Barros					M = M	c Distribution/Dissemination
Ma	ailing Address PO Box 398				Amo	11 unt	04 2014
Cit	tv	State	Zip Code		— I L		50.00
	leosho	МО	64850				D: 1d62bace-00ae-4a9e-b ursement or Obligation
	irpose of Expenditure alary		Category/ Type	001	] [	M M M	04 2014
Na	ame of Federal Candidate		Sı	upport	Office Soug	ht:	House District:00
M	r. Mark L Pryor		X O	ppose	Presid		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		283226.30		Disburseme 2014	nt For: Other (sp	Primary X General Decify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	i					97.10
(b)	SUBTOTAL of Unitemized Independent Expenditure	res				1 -7	
(c)	TOTAL Independent Expenditures				•		
with	ler penalty of perjury I certify that the independent of, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized					
_	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	06	2014
3	Signature						

Schedule E)		L/XI LITE.	101125				PAGE 83 FOR SE OF FOI	OF 132 RM 24/48
NAME OF COMMITTEE (In Fu						FEC ID	DENTIFICATION I	
Women Speak Out F	'AC						C00530766	
Check if 24-hour report	48-hour report	New repo	ort Amena	ds repo	rt filed on	/ M /	D   D / Y	Y Y Y
Full Name of Payee Katie A Barros						M = M /		- Y - Y - Y
Mailing Address PO Box 3	98				Amou	11 int	04	2014
City	9	State	Zip Code					37.50
Neosho		MO	64850				D: 8b68c760-fcc	5-4333-8
Purpose of Expenditure Mileage			Category/ Type	002		11		2014
Name of Federal Candidate	 e		Sup	port	Office Sough	nt:	House Distr	rict:00
Mr. Mark L Pryor			Х Орр		Presid	_	Senate Sta	ate: AR
Calendar Year-To-Date Per Election for Office		2	283226.30		Disbursemer 2014	nt For: Other (sp		X General
Full Name of Payee Jessica R Resendiz	<u> </u>					of Public	c Distribution/Diss	semination 2014
Mailing Address 9685 Pa	aula St				Amou			
City	S	State	Zip Code					85.00
Keithville		LA	71047				D: f7e2f67b-671d ursement or Oblig	
Purpose of Expenditure Salary			Category/ Type	001		11	04	2014
Name of Federal Candidat	е		Sur	port	Office Sough	ht:	House Dist	rict:00
Ms. Mary L Landrieu			X Opp	oose	Presid	lent		ate: LA
Calendar Year-To-Date Per Election for Office		7	235848.40		Disbursemer 2014		Primary   Decify) ▶	X General
(a) SUBTOTAL of Itemized	Independent Expenditures				<b>.</b>		7	122.50
(b) SUBTOTAL of Unitemize	ed Independent Expenditures	·s			· -			
(c) TOTAL Independent Exp	penditures				· .	-	7	
Under penalty of perjury I owith, or at the request or suparty committee) any political		or authorized						
Ms. Emily Bucha	ınan	[Electron:	ically Filed]	Date	11 /	06	2014	Y
Signature								

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVO	men Speak Out PAC	C C00530766
Check	x if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	ull Name of Payee	Date of Public Distribution/Dissemination
	Jessica R Resendiz	11 04 2014
M	lailing Address 9685 Paula St	Amount
С	ity State Zip Code	40.80
۲	Keithville LA 71047	Transaction ID : 6ac607ed-2ad9-4d62-a Date of Disbursement or Obligation
	urpose of Expenditure  Mileage  Category/ Type  002	11 04 2014
N	ame of Federal Candidate Support Office	Sought: House District:00
N	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 235848.40  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	Mary D Meens  Mailing Address 5724 SW Arrowhead Ct	Date of Public Distribution/Dissemination  11
	State Zip Code Topeka KS 66614	35.00 Transaction ID : b6623f59-6d0e-4bef-b
	burnose of Evnenditure	Date of Disbursement or Obligation
	Salary Category/ Type 001	11 04 2014
N	lame of Federal Candidate Support Office	Sought: House District:00
N	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	75.80
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	
witl	der penalty of perjury I certify that the independent expenditures reported herein were not ma h, or at the request or suggestion of, any candidate or authorized committee or agent of either rty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Mary D Meens	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5724 SW Arrowhead Ct	Amount
	City State Zip Code	1.20
	Topeka KS 66614	Transaction ID : fe824f76-d239-4b10-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	4000505.00	ırsement For: Primary X General
	Per Election for Office Sought 1096565.66 2014	Other (specify) ▶
	Full Name of Payee  Lucas H Hoyle	Date of Public Distribution/Dissemination
	Mailing Address 282 Falls Ave	11 04 2014
	Mailing Address 282 Falls Ave	Amount
	City State Zip Code	20.00
	Granite Falls NC 28630	Transaction ID: 61f87657-a05c-48aa-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	21.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 06 2014
	Signature	

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OF

Schedule E)	INI EXI END	TTOTIES	<u> </u>	PAGE 86 OF 132 FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full)  Nomen Speek Out DAC							
Women Speak Out PAC C C0053076							
Check if 24-hour report 48-hour report	check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public	Distribution/Dissemination			
Lucas H Hoyle			11 /	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 282 Falls Ave			Amount				
City	State	Zip Code		4.50			
Granite Falls	NC	28630		: ae20a7dc-5bd7-413e-9 sement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	11 /	04 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	President X				
Calendar Year-To-Date Per Election for Office Sought	10	096565.66	Disbursement For: 2014 Other (spec	Primary			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Ashley n Thompson			M = M /	04 / 7 7 7 7 7			
Mailing Address 272 Westgate Ct Apt 6			Amount	04 2014			
			7 iiii dant				
City	State	Zip Code		30.00			
Lexington	NC	27295		: 6c56fd72-487b-434d-b sement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	11 /	04 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	President X	Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	1096565.66	Disbursement For: 2014 Other (spe	Primary			
(a) SUBTOTAL of Itemized Independent Expenditu	ures		<b>•</b>	34.50			
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	7			
(c) TOTAL Independent Expenditures			•	4			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 06	2014			
-							

Sch	edule E)		1101120		PAGE 87 OF 132 FOR SE OF FORM 24/48		
	AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Wc	omen Speak Out PAC				C C00530766		
Chec	ck if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y		
	Full Name of Payee Ashley n Thompson				of Public Distribution/Dissemination		
N	Mailing Address 272 Westgate Ct Apt 6			Amou	11 04 2014 nt		
	Dity	State	Zip Code		7.50		
- 1	Lexington	NC	27295		action ID : 1a5f3c90-e83b-45b7-a of Disbursement or Obligation		
	Purpose of Expenditure Mileage		Category/ Type 002	М	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
I	Name of Federal Candidate		Support	Office Sough	t: House District:00		
	Ms. Kay Hagan		Oppose	Preside	ent Senate State: NC		
	Calendar Year-To-Date Per Election for Office Sought	1(	096565.66	Disbursement 2014 Or	t For: Primary ⊠ General ther (specify) ▶		
	Full Name of Payee Andrea L Hammond				of Public Distribution/Dissemination		
	Mailing Address 12920 Kneeland Ln			Amou	nt		
	City	State	Zip Code	$\neg$ L.	60.00		
	Neosho	МО	64850		oction ID : 6c0c523e-7543-4515-8 of Disbursement or Obligation		
	Purpose of Expenditure Salary		Category/ Type 001		11 / 04 / 2014		
1	Name of Federal Candidate		Support	Office Sough	nt: House District:00		
	Mr. Mark L Pryor		X Oppose	Preside			
	Calendar Year-To-Date Per Election for Office Sought	7	283226.30	Disbursemen 2014 O	nt For:		
(a	) SUBTOTAL of Itemized Independent Expenditure	es			67.50		
(b	) SUBTOTAL of Unitemized Independent Expendit	tures		<b>.</b>			
(с	) TOTAL Independent Expenditures			· •			
wi	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidatry committee) any political party committee or its	ate or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	06 2014		
	Signature						

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed o	n
Full Name of Payee	1	Date of Public Distribution/Dissemination
Andrea L Hammond		11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12920 Kneeland Ln		Amount
City	ate Zip Code	33.60
Neosho	MO 64850	Transaction ID : 5be160b4-aa7d-4761-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Mark L Pryor		President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	Disburs 2014	ement For: Primary
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination
Mailing Address 200 Carawood Lane		Amount
City	tate Zip Code	87.50
Lexington		ransaction ID: 8aea01f2-1a59-45a2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 04 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose F	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	1096565.66 Disburs 2014	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······································	121.10
(b) SUBTOTAL of Unitemized Independent Expenditures	\$ <b>&gt;</b>	
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 11	06 2014
Signature		

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Schedule E)		PAGE 89 OF 132 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC C C00530766					
Check if 24-hour report 48-hour report N	ew report Amends report file	ed on Mam / Dab / Yayayay			
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination			
Mailing Address 200 Carawood Lane		11 04 2014 Amount			
014	7: 0:4:	0150			
City State Lexington NC	Zip Code 27295	31.50  Transaction ID : 4155b070-9f3e-4bfc-b  Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	11			
Name of Federal Candidate	Support Offi	ice Sought: House District: 00			
Ms. Kay Hagan	∑ Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	1096565.66 Dis	bursement For: Primary General  4 Other (specify) ▶			
Full Name of Payee Brogan A Benoit  Mailing Address 7144 South River Rd		Date of Public Distribution/Dissemination			
Mailing Address 7144 South River Rd		Amount			
City State	Zip Code	60.00			
Addis LA  Purpose of Expenditure	70710	Transaction ID: e3f5853d-9fd2-4acd-9 Date of Disbursement or Obligation			
Salary	Category/ Type 001	11 04 2014			
Name of Federal Candidate	Support Off	ice Sought: House District: 00			
Ms. Mary L Landrieu	Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	235848.40 Dis 20	Subursement For: Primary General  Other (specify)   Other			
(a) SUBTOTAL of Itemized Independent Expenditures		91.50			
	·	7 7 7			
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7			
(c) TOTAL Independent Expenditures	<b>&gt;</b>				
Under penalty of perjury I certify that the independent experwith, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.					
	Electronically Filed] Date	11 06 2014			
Signature	_				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C C00530766
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
T	Full Name of Payee  Brogan A Benoit	Date of Public Distribution/Dissemination
		11 04 2014
	Mailing Address 7144 South River Rd	Amount
ŀ	City State Zip Code	6.60
	Addis LA 70710	Transaction ID : 5ab352f2-905b-4a5c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 235848.40  Disbut 2014	rsement For:
İ	Full Name of Payee  Mary R Kirkland	Date of Public Distribution/Dissemination
-	Mailing Address 504 Green Meadow Dr	11 04 2014
	Mailing Address 504 Green Meadow Dr	Amount
ľ	City State Zip Code	50.00
		Transaction ID : 5e044836-d042-4590-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 283226.30	rsement For:  Primary
(6	a) SUBTOTAL of Itemized Independent Expenditures	56.60
(1	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE

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OF

Schedule E)	VI EXI END	ITOTILO		PAGE 91 OF 132 FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full)  Nomen Speek Out DAC							
Women Speak Out PAC							
Check if 24-hour report 48-hour report	check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination			
Gregory Green			M 11	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2506 Bolch Street			Amount				
City	State	Zip Code		40.00			
Shreveport	LA	71104		on ID: 078faffa-6827-4424-a sbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M M M				
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	2	235848.40	Disbursement For 2014 Other	r: Primary X General (specify) ▶			
Full Name of Payee	_		Date of Po	ublic Distribution/Dissemination			
Gregory Green			11	04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2506 Bolch Street			Amount				
City	State	Zip Code		21.60			
Shreveport	LA	71104		n ID : 609f9e2e-82c0-4023-8 isbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	M 11	04 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7 7	235848.40	Disbursement Fo 2014 Other	r:			
(a) SUBTOTAL of Itemized Independent Expenditu	res			61.60			
				7			
(b) SUBTOTAL of Unitermized Independent Expendent	litures		· •	7			
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M M / D	6 2014			

Schedule E)	NI EXI END	ITOTILO		PAGE 92 OF 132 FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC	C C00530766						
Check if 24-hour report 48-hour report	check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of	f Public Distribution/Dissemination			
Lilly Green				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 205 Medallion Circle			Amoun	t			
City	State	Zip Code		50.00			
Shreveport	LA	71119		ction ID : a90784de-d1e8-4373-a f Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001		11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	Presider				
Calendar Year-To-Date Per Election for Office Sought	:	235848.40	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶			
Full Name of Payee			Date o	f Public Distribution/Dissemination			
Lilly Green				11 04 2014			
Mailing Address 205 Medallion Circle			Amoun	ıt			
City	State	Zip Code		12.30			
Shreveport	LA	71119		ction ID : 16f86b98-aa06-4050-b f Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002		11 04 7 2014			
Name of Federal Candidate		Support	Office Sought	: House District: 00			
Ms. Mary L Landrieu		Oppose	Preside				
Calendar Year-To-Date Per Election for Office Sought	7	235848.40	Disbursement 2014 Ot	For: Primary X General her (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			62.30			
				7 7			
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7 7 7			
(c) TOTAL Independent Expenditures			· •	7 7			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

Schedule E)	NI EXI END	ITOTILO		PAGE 93 OF 132 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC C c00530766							
Check if 24-hour report 48-hour report	heck if Z 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Kevin L Battle				of Public Distribution/Dissemination			
Mailing Address 3300 Asher Ave				11 04 2014			
Walling Address 3300 Asher Ave			Amou	nt			
City	State	Zip Code		80.00			
Little Rock	AR	72204		action ID: 1f167a67-300a-46b1-b of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001		11 04 2014			
Name of Federal Candidate		Support	Office Sough	t: House District: 00			
Mr. Mark L Pryor		X Oppose	Preside				
Calendar Year-To-Date Per Election for Office Sought	;	283226.30	Disbursemen 2014 O	t For: Primary			
Full Name of Payee			Date	of Public Distribution/Dissemination			
Kevin L Battle				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 3300 Asher Ave			Amou	nt			
City	State	Zip Code		33.00			
Little Rock	AR	72204		oction ID : 6ead774c-8f06-4c5d-a of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002		11 04 / 2014			
Name of Federal Candidate		Support	Office Sough	it: House District: 00			
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	7	283226.30	Disbursemer 2014 C	ther (specify) ►			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			113.00			
,			, F	7 7 7			
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	7 7 7			
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
• · · · · · · · · · · · · · · · · · · ·							

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Debra Lindsey	11 04 2014
	Mailing Address 119 Goldenwood Dr	Amount
	City State Zip Code	30.00
	Slidell LA 70461	Transaction ID : 6acbbbbd-b983-4020-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbt 235848.40  Disbt 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee  Debra Lindsey	Date of Public Distribution/Dissemination
	Mailing Address 119 Goldenwood Dr	11 04 2014
		Amount
	City State Zip Code	4.50
	Slidell LA 70461	Transaction ID: 8bb9e357-87d6-408c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 04 7 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary  General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	34.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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Schedule E)	IN EXIEND	ITOTILO		PAGE 95 OF 132 FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full)  Alarman Charle Out DAC							
Women Speak Out PAC	C00530766						
Check if 24-hour report 48-hour report	check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Suzanna M Bradley			M				
Mailing Address 1002 W Spring St			Amount	1 04 2014			
City	State	Zip Code		45.00			
Collinsville	OK	74021		tion ID: 49c025fb-52cd-42ea-8 Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M 1	M / D D / Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		Oppose	President				
Calendar Year-To-Date Per Election for Office Sought	;	283226.30	Disbursement F 2014 Othe	For: Primary			
Full Name of Payee Suzanna M Bradley				Public Distribution/Dissemination			
Mailing Address 1002 W Spring St			1				
1002 W Spring St			Amount				
City	State	Zip Code		42.00			
Collinsville	OK	74021		ion ID: 615500af-09a1-4f07-b Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	M 11				
Name of Federal Candidate		Support	Office Sought:	House District:00			
Mr. Mark L Pryor		X Oppose	President				
Calendar Year-To-Date Per Election for Office Sought		283226.30	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	87.00			
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. —	7 1 7 1 7 1			
				4 4			
(c) TOTAL Independent Expenditures			•	47-1-47-1-47-1			
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		06 2014			
Signature							

Schedule E)	NI EXI END	ITOTILO		PAGE 96 OF 132 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)  Allowed Street Court DAC							
Women Speak Out PAC C c0053076							
Check if 24-hour report 48-hour report	check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of F	Public Distribution/Dissemination			
ERIC TABÁRY			M 11				
Mailing Address 6101 NORA ST			Amount				
City	State	Zip Code		55.00			
METAIRIE	LA	70003		ion ID: b74b5bc8-ec59-489a-b Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M 11	M / D D / Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	, , ,	235848.40	Disbursement F 2014 Othe	or: Primary ⊠ General r (specify) ▶			
Full Name of Payee	_		Date of I	Public Distribution/Dissemination			
ERIC TABARY			M 11				
Mailing Address 6101 NORA ST			Amount				
City	State	Zip Code		0.60			
METAIRIE	LA	70003		on ID: 675ecf1b-4c3a-44da-a Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	M 11				
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		X Oppose	President	Senate State:LA			
Calendar Year-To-Date Per Election for Office Sought	7	235848.40	Disbursement F 2014 Othe	or: Primary X General er (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			55.60			
				7 7			
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·	7 7 7			
(c) TOTAL Independent Expenditures			·	7 1 7 1 7			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
<del>-</del>							

Sch	nedule E)	LAI LITE.	10.120		PAGE 97 OF 132 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
W	Women Speak Out PAC  C coopsigned  C coopsigned					
Che	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M	
Τ	Full Name of Payee David Ford				of Public Distribution/Dissemination	
	Mailing Address 106 Hillside St			Amou	11 04 2014	
H	City	State	Zip Code		82.50	
- 1	Spindale	NC	28160		saction ID : 5f1d0b07-4307-41f7-b of Disbursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001	м	11	
	Name of Federal Candidate		Support	Office Sough	nt: House District:00	
	Ms. Kay Hagan		X Oppose	Preside	ent State: NC	
	Calendar Year-To-Date Per Election for Office Sought	10	096565.66	Disbursemen 2014 O	nt For:	
	Full Name of Payee David Ford				of Public Distribution/Dissemination	
-	Mailing Address 106 Hillside St			Amou	11 04 2014 unt	
F	City	State	Zip Code		39.69	
	Spindale	NC	28160		action ID : 865630a8-4b07-4f9f-9 of Disbursement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type 002		11 / 04 / 2014	
-	Name of Federal Candidate		Support	Office Sough	nt: House District: 00	
	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought		1096565.66	Disbursemen 2014	nt For:  Primary  General  Other (specify) ▶	
(8	a) SUBTOTAL of Itemized Independent Expenditures.				122.19	
(l	(b) SUBTOTAL of Unitemized Independent Expenditures					
(0	c) TOTAL Independent Expenditures					
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	06 2014	
	Signature					

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee	]	Date of Public Distribution/Dissemination
Zachary W Jackson		11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3513 Elizabeth St		Amount
City	ate Zip Code	45.00
Choctaw		Fransaction ID: 00331105-6a2a-4eb4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 04 7 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Mark L Pryor	Oppose P	President State: AR
Calendar Year-To-Date Per Election for Office Sought	283226.30 Disburs 2014	ement For:
Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination
Mailing Address 111 Westchester Blvd Apt D4	,	11 04 2014 Amount
<u> </u>	tate Zip Code	50.00
Slidell		ransaction ID : 9109c65e-44df-4261-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 04 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Mary L Landrieu	Oppose F	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	235848.40 Disburs 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	
(c) TOTAL Independent Expenditures	· [	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate comparty committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 11	06 2014
Signature		

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OF

Schedule E)	T EXI END	TOTILO		PAGE 99 OF 132 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼		
Vomen Speak Out PAC						
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y		
Full Name of Payee			Date of F	Public Distribution/Dissemination		
Ryan Drake			M 11	04 / 2014		
Mailing Address 29637 Park St			Amount			
City	State	Zip Code		25.00		
Walker	LA	70785		ion ID : c54022ad-9383-4ac0-a Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11	04 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		35848.40	Disbursement For 2014 Other	or:		
Full Name of Payee			Date of F	Public Distribution/Dissemination		
Ryan Drake			M 11			
Mailing Address 29637 Park St			Amount			
City	State	Zip Code		3.30		
Walker	LA	70785		on ID : 27c59a6d-e41e-4a8a-8 Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	11	04 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Mary L Landrieu		Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	, , ,	235848.40	Disbursement For 2014 Othe	or:		
(a) SUBTOTAL of Itemized Independent Expenditure	əs			28.30		
,,				7 7 7		
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>→</b>	7 1 7 1 7		
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
- 9						

Schedule E)	INI EXI END	TIONES	PAGE 100 FOR SE OF	OF 132 FORM 24/48		
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼						
Vomen Speak Out PAC  C coo530766						
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	Y Y Y Y Y		
Full Name of Payee Robert B Johnson			Date of Public Distribution	Y Y Y Y Y		
Mailing Address 804 Worthington Way			Amount 04	2014		
City	Obsta	7:- 0-1-		10.00		
City Wilmington	State NC	Zip Code 28411	Transaction ID : cc1e194l Date of Disbursement or 0			
Purpose of Expenditure Salary		Category/ Type 001	11 04	2014		
Name of Federal Candidate		Support	Office Sought: House	District: 00		
Ms. Kay Hagan		Oppose	President Senate	State: NC		
Calendar Year-To-Date Per Election for Office Sought	1	096565.66	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	General		
Full Name of Payee			Date of Public Distribution	/Dissemination		
Evelyn Lesaicherre			11 / 04 /	2014		
Mailing Address 629 Radiance Ave			Amount			
City	State	Zip Code		45.00		
Metairie	LA	70001	Transaction ID : c979eb2b  Date of Disbursement or 0			
Purpose of Expenditure Salary		Category/ Type 001	11 / 04 /	2014		
Name of Federal Candidate		Support	Office Sought: House	District:00		
Ms. Mary L Landrieu		Oppose	President Senate	State: LA		
Calendar Year-To-Date Per Election for Office Sought	7 7	235848.40	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	/ X General		
(a) SUBTOTAL of Itemized Independent Expendi	tures			85.00		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(4, 662.61.12 0. 61.11.11.120 1			7			
(c) TOTAL Independent Expenditures			·			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 06 201			
3. <del>3</del>						

Schedule E)	/			PAGE 101 OF 132 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)  MARINE OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC						
Check if 24-hour report 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y = Y = Y		
Full Name of Payee Evelyn Lesaicherre				of Public Distribution/Dissemination		
Mailing Address 629 Radiance Ave			Amou			
City	State	Zip Code		5.40		
Metairie	LA	70001		action ID : 14bd5cb6-e1f3-4a01-a of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002		11 04 2014		
Name of Federal Candidate		Support	Office Sough	t: House District:00		
Ms. Mary L Landrieu		X Oppose	Presid	ent State: LA		
Calendar Year-To-Date Per Election for Office Sought		35848.40	Disbursemer 2014 C	ther (specify) ▶		
Full Name of Payee Xavier Miller				of Public Distribution/Dissemination		
Mailing Address 407 randall Dr			Amou	11 04 2014		
City Searcy	State AR	Zip Code 72143		75.00 action ID: 81a5ea81-848b-4dda-9 of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001		11		
Name of Federal Candidate		Support	Office Sough	nt: House District:00		
Mr. Mark L Pryor		X Oppose	Presid			
Calendar Year-To-Date Per Election for Office Sought	, ,	283226.30	Disbursemer 2014	nt For:  Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	S			80.40		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			· •			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	, M 11 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

Schedule E)		NOTION LO	PAGE 102 OF 132 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out Pa	Vomen Speak Out PAC  C C00530766						
Check if 24-hour report	48-hour report New	w report Amends repo	ort filed on				
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination				
Mailing Address 407 randall	Dr		Amount 04 2014				
2"	Ctoto	<b>3</b> 0.4.					
City Searcy	State AR	Zip Code 72143	30.00  Transaction ID: 510c7aa6-09fa-4507-9  Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	11 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office	Sought	283226.30	Disbursement For:  Primary				
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination  11 04 2014				
Mailing Address PO Box 3	398		Amount				
City	State	Zip Code	40.00				
Neosho	МО	64850	Transaction ID : 6072afc6-1401-489d-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	11 / 04 / 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office	Sought	283226.30	Disbursement For:  Primary				
(a) SUBTOTAL of Itemized I	ndependent Expenditures		70.00				
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expe	enditures						
	gestion of, any candidate or author		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political				
Ms. Emily Buchan		ectronically Filed] Date	11 06 2014				
Signature							

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee Lauren N Hamel	1	Date of Public Distribution/Dissemination
		11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 398	l A	Amount
City	rate Zip Code	37.50
	MO 64850 1	Fransaction ID : fdd934ed-50f7-49c8-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 04 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Mark L Pryor	X Oppose P	resident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	283226.30 Disburse 2014	ement For: Primary X General  Other (specify) ▶
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct		Amount
City	tate Zip Code	85.00
High Point		ransaction ID: 3efc01ce-bc4d-4619-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 04 2014
Name of Federal Candidate	Support Office S	Sought: House District:00
Ms. Kay Hagan	Oppose P	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1096565.66 Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	122.50
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures	· [	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 11	06 2014
Signature		

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OF

Schedule E)	ENDERT EXTEND	TOTILO	<u> </u>	PAGE 104 OF 132 OR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼		
Vomen Speak Out PAC						
Check if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee Benjamin J Crosser			M = M /	Distribution/Dissemination		
Mailing Address PO Box 398			Amount	04 2014		
City	State	Zip Code		40.00		
Neosho	AR	64850		: 567b9317-3e9e-4ce1-8 ement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11 /	04 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	2	83226.30	Disbursement For: 2014 Other (spec	Primary		
Full Name of Payee			Date of Public I	Distribution/Dissemination		
Chris McCoy			M M / /	04 / 2014		
Mailing Address 1025 Cayley Ct			Amount			
City	State	Zip Code		27.30		
High Point	NC	27260		486fe6fb-2942-451e-b ement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	11 /	04 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1096565.66	Disbursement For: 2014 Other (spec	Primary X General		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
				4		
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4		
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized					
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	11 06	2014		
Signaturo						

Schedule E)	IN EXIEND	ITOTILO		PAGE 105 OF 132 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼		
Vomen Speak Out PAC  C coo530766						
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y		
Full Name of Payee Benjamin J Crosser			М = М	ic Distribution/Dissemination		
Mailing Address PO Box 398			Amount	04 2014		
- City	01-1-	7's Oads		20.00		
City Neosho	State AR	Zip Code 64850		36.00  ID: a29905eb-3c8e-4da8-9 ursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	11	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose		Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	;	283226.30	Disbursement For: 2014 Other (s	Primary		
Full Name of Payee Danielle McCoy			M = M	lic Distribution/Dissemination		
Mailing Address 1025 Cayley Ct			Amount	04 2014		
City	State	Zip Code		87.50		
High Point	NC	27260		D: 1f25a957-8658-4b2d-b oursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11	04 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		Oppose		Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7 7	1096565.66	Disbursement For: 2014 Other (s	Primary		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
				4		
(c) TOTAL Independent Expenditures			<b>&gt;</b>	45.		
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 06	2014		
Signature						

oblicatio E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766				
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y				
	te of Public Distribution/Dissemination				
Danielle McCoy	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1025 Cayley Ct	nount				
City State Zip Code	25.80				
High Point NC 27260 Tra	insaction ID: d34af19e-c012-44d9-9 te of Disbursement or Obligation				
Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014				
Name of Federal Candidate Support Office Sou	ught: House District: 00				
Me Kay Hagan	sident State: NC				
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶				
Full Name of Payee Date Eleanor McCoy	te of Public Distribution/Dissemination				
Mailing Address 4902 Catawba Dr	11 04 2014 nount				
City State Zip Code	85.00				
Greensboro NC 27407 Trar	nsaction ID : d860a428-30e8-473a-b				
Purpose of Expenditure Salary  Category/ Type 001	te of Disbursement or Obligation  11 04 2014				
Name of Federal Candidate Support Office Sou	ught: House District: 00				
Ms. Kay Hagan					
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:				
(a) SUBTOTAL of Itemized Independent Expenditures	110.80				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 11	/ 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

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Schedule E)	THE EXTENS			PAGE 107 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FF	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Eleanor McCoy			M = M	
Mailing Address 4902 Catawba Dr			Amount	04 2014
City	State	Zip Code		28.20
Greensboro	NC	27407		on ID : 6961c492-e0ea-4fef-9 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	096565.66	Disbursement Fo 2014 Other	r:
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Danielle E Grindstaff			M N	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 147 Possum Trot Rd				04 2014
			Amount	
City	State	Zip Code		80.00
Bakersville	NC	28705		on ID : ccab4f11-27d7-4e9c-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	04 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-	1096565.66	Disbursement Fo	or: Primary X General  (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			108.20
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date		06 2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Ame	pends report filed on/
Full Name of Payee	Date of Public Distribution/Dissemination
Danielle E Grindstaff	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 147 Possum Trot Rd	Amount
City State Zip Code	12.60
Bakersville NC 28705	Transaction ID: 848521d4-2ae3-436a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 11 04 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ma Kaullana	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1096565.66	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Amelia Brackett	Date of Public Distribution/Dissernination
Mailing Address 804 Roundabout Circle	Amount
City State Zip Code	40.00
Searcy AR 72143	Transaction ID : 0bf3eede-90c5-4ee0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 283226.30	Disbursement For: Primary ☐ General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	52.60
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 11 06 2014
Signature	التنبا ليا النا

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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	N NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed		- M	/ D = D /	Y = Y = Y = Y
٦	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Jordyn Kilbury	M	11 <sup>M</sup>	/ 04 /	2014
	Mailing Address 5416 S Santa Fe Street	Amou	nt		
	City State Zip Code				90.00
	Wichita KS 67216			n ID: 7853ea79 bursement or C	-6552-45f5-8
	Purpose of Expenditure Salary  Category/ Type 001		11	04	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	irsemen		Primary specify) ▶	X General
	Full Name of Davis				D: : ::
	Full Name of Payee  Jordyn Kilbury	Date (	of Pub	olic Distribution/	Dissemination 2014
	Mailing Address 5416 S Santa Fe Street	Amou		04	2014
	City State Zip Code				15.30
	Wichita KS 67216			ID: d7ad847c- bursement or C	9278-4446-8
	Purpose of Expenditure Mileage  Category/ Type  002	_	11	04	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 250379.71			Primary specify) ▶	X General
	(a) SUBTOTAL of Itemized Independent Expenditures				105.30
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			7-	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	06		Y
	Signature		_		

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OF

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full) Omen Speak Out PAC	FEC ID	ENTIFICATION NUMBER ▼
٧V	omen opeak out FAC	C	C00530766
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y = Y
	Full Name of Payee  Caleb Craig	Date of Public	Distribution/Dissemination
	· ·	11 /	04 2014
	Mailing Address 1410 Bushville drive	Amount	
ŀ	City State Zip Code		25.80
	Lenoir NC 28645		D: eebb04a2-031a-4951-9 rsement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 /	04 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:  Other (spe	Primary
	Full Name of Payee Christine Stevens  Mailing Address 100 Asbury Ct	Date of Public	Distribution/Dissemination  O4  O4  O4  O4  O4  O4  O4  O4  O4  O
	·	Amount	
ľ	City State Zip Code		90.00
			: 96127c86-4955-4da8-9 rsement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 /	04 / 2014
	Name of Federal Candidate Support Office	Sought:	House District:00
	Mr. Greg Orman Oppose	President >	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Other (spe	Primary
(	a) SUBTOTAL of Itemized Independent Expenditures		115.80
(	b) SUBTOTAL of Unitemized Independent Expenditures	7	49. 100.
(	c) TOTAL Independent Expenditures	4	7 1 2
٧	Inder penalty of perjury I certify that the independent expenditures reported herein were not ma vith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan  [Electronically Filed] Date  Signature	1 06	2014
	Oignaturo		_

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
T	Full Name of Payee  Jazmine d Conner	Date of Public Distribution/Dissemination
		11 04 2014
	Mailing Address 100 ASBURY CT	Amount
ŀ	City State Zip Code	90.00
	WINCHESTER VA 22602	Transaction ID : 4ff2d10e-ffd0-45d1-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 04 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:
	Full Name of Payee Jon E Conner	Date of Public Distribution/Dissemination
ŀ	Mailing Address 100 Asbury Ct	11 04 2014 Amount
ŀ	City State Zip Code	90.00
	Winchester VA 22602	Transaction ID: e9a04aaf-91e3-4469-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS Senate
	Calendar Year-To-Date Per Election for Office Sought  Disbut 250379.71	orsement For: Primary X General  Other (specify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures	180.00
(	b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(	c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not make the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date  1	1 06 2014
	Signature	

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y = Y = Y = Y
П	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
١	Rodney O Culbreath	М	11 <sup>M</sup>	04	2014
	Mailing Address 100 Asbury Ct	Amou	nt		
	City State Zip Code				90.00
	Winchester VA 22602			n ID: 90bc3537 bursement or C	
	Purpose of Expenditure Salary  Category/ Type 001		11	04	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
١	Mr. Greg Orman Oppose	Preside		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsemen		Primary specify) ▶	X General
	Full Name of Payee Rodney D Culbreth			olic Distribution	/Dissemination
١	Mailing Address 100 Asbury CT	L	11	04	2014
١	3200 Dam Neck Rd	Amou	nt		
1	City State Zip Code		_		90.00
١	Winchester VA 22602	Transa Date	ction of Dis	ID: 658e9e6c- bursement or 0	95a4-48ac-9 Obligation
	Purpose of Expenditure Salary  Category/ Type  001	M	11	04	2014
1	Name of Federal Candidate Support Office	Sough	ıt:	House	District: 00
١	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary	
	(a) SUBTOTAL of Itemized Independent Expenditures				180.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			7 1 4	
	(c) TOTAL Independent Expenditures		1 - 4	77-	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	06		4 Y
	Signature		_		

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Rze Culbreath	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 Asbury Ct	Amount
	City State Zip Code	90.00
	Winchester VA 22602	Transaction ID: 2b50b24f-5d12-4c2a-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 04 7 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbu 250379.71  Disbu 2014	rsement For: Primary
	Full Name of Payee Ralph Smith	Date of Public Distribution/Dissemination
	Mailing Address 2090 Fancy Gap Rd	11 04 2014 Amount
1	City State Zip Code	65.00
	Mt. Airy NC 27030	Transaction ID: 2b3ee288-9eb8-4e26-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 / 04 / 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	155.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	7
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date	1 06 2014
	Oignaturo ———	

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OF

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	JENT EXILIND	TIONES	<u> </u>	PAGE 114 OF 132 OR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼		
Women Speak Out PAC			C co	00530766		
Check if 24-hour report 48-hour report	heck if X 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public I	Distribution/Dissemination		
Ralph Smith			M = M /	04 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount			
City	State	Zip Code		9.24		
Mt. Airy	NC	27030		: 028f94c0-257a-4986-b ement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	11 /	04 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	1	096565.66	Disbursement For:  2014  Other (spec	Primary		
Full Name of Payee			Date of Public I	Distribution/Dissemination		
Brieshauna M Stevens			M M / / / / / / / / / / / / / / / / / /	04 / 2014		
Mailing Address 1703 Torrey Pines Ct			Amount			
City	State	Zip Code		30.00		
Reston	VA	20190		728c89f1-ac07-4312-8 ement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	11 /	04 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Greg Orman		X Oppose	President X	Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		250379.71	Disbursement For: 2014 Other (spec	Primary X General		
(a) SUBTOTAL of Itemized Independent Exper	nditures			39.24		
			4	7		
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>•</b>			
(c) TOTAL Independent Expenditures			•	1 7 1 1 5 1		
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 06	2014		
<b>3</b>						

Per Election for Office Sought  283226.30  2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures		nedule Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Marke Harris  Mailing Address 3654 Tara St  City Slate Zip Code springdale  AR 72762  Category' Dori President Senate State: AR  Category' Springdale  AR 72762  Category' Dori President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code  AR 72762  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code  AR 72762  Calendar Year-To-Date Per Election for Office Sought  Category' Dori President Senate State: AR  City State Zip Code  Armount  City State Zip Code  Armount  City State Zip Code  Springdale  AR 72762  Calendar Year-To-Date  Purpose of Expenditure  Mailing Address 3654 Tara St  City State Zip Code  Springdale  AR 72762  Category' Dori President Senate State: AR  Armount  City State Zip Code  Springdale  AR 72762  Category' Dori President Senate State: AR  Armount  City State Zip Code  Springdale  AR 72762  Category' Dori President Senate State: AR  Armount  City State Zip Code  Springdale  AR 72762  Category' Dori President Senate State: AR  Armount  City State Zip Code  Springdale  AR 72762  Category' Dori President Senate State: AR  Armount  City State Zip Code  Springdale  AR 72762  Category' Dori President Senate State: AR  Armount  City State Zip Code  Springdale  AR 72762  Category' Dori President Senate State: AR  Armount  Armount  City State Zip Code  Springdale  AR 72762  Date of Public Distribution/Dissemination  Tansaction ID: 55b208a-a652-4967-b  Date of Distribution/Dissemination  Tansaction ID: 55b208a-a652-4967-b  Date of Distribution/Dissemination  Tansaction ID: 55b208a-a652-4967-b  Date of Distribution/Dissemination  Tansaction ID: 55b208a-a652-4967-b  Date of Distribution/Dissemination  Tansaction ID: 55b208a-a652-4967-b  Date of Distribution/Dissemination  Tansaction ID: 55b208a-a652-4967-b  Date of Distribution/Dissemination  Tansaction ID: 55b208a-a652-4967-b  Date of Distribution/Dissemination  Tansaction ID: 55b208a-a652-4967-b  Date of Public Distribution/Dissemination  Tansaction ID: 55b208a-a652-4967-	VV	omen Speak Out PAC	C C00530766
Mailing Address 3654 Tara St  City State Zip Code springdale AR 72762  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Caledar Year-To-Date Per Election for Office Sought  City State Zip Code  Mr. Mark L Pryor  Caledar Year-To-Date Per Election for Office Sought  City State Zip Code  Mattile Harris  Mailing Address 3654 Tara St  City State Zip Code  Springdale AR 72762  Date of Disbursement or Obligation  Transaction ID: 031a1bd1-b1a3-494a-b  Date of Disbursement or Obligation  Persident Senate State: AR  Disbursement For: Primary General  Tansaction ID: 55b2a03a-a662-4667-b  Date of Public Distribution/Dissemination  Transaction ID: 55b2a03a-a662-4667-b  Date of Public Distribution/Dissemination  Transaction ID: 55b2a03a-a662-4667-b  Date of Disbursement or Obligation  Transaction ID: 55b2a03a-a662-4667-b  Date of Public Distribution/Dissemination  Transaction ID: 55b2a03a-a662-4667-b  Date of Public Dis	Che	ock if X 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Mailing Address 3654 Tara St  City State Zip Code springdale AR 72762  Purpose of Expenditure Salary State Salary Solary	Т	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Springdale AR 72762  Purpose of Expenditure Salary Date of Disbursement or Obligation Salary Office Sought: House District: 00 Mr. Mark L Pryor Oppose President Senate State: AR Disbursement For Primary General Per Election for Office Sought Ball Disbursement For Springdale AR 72762  Full Name of Page Mattite Harris  Mailing Address 3854 Tara St  City State Zip Code Springdale AR 72762  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate AR 72762  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate AR 72762  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support Office Sought House District: 00 Mr. Mark L Pryor Oppose President Senate State: AR 2014  Name of Federal Candidate Support Office Sought House District: 00 Mr. Mark L Pryor Oppose President Senate State: AR 2014  Name of Federal Candidate Support Office Sought House District: 00 Mr. Mark L Pryor Oppose President Senate State: AR 2014  Name of Federal Candidate Support Office Sought House District: 00 Mr. Mark L Pryor Oppose President Senate State: AR 2014  Name of Federal Candidate Support Office Sought House District: 00 Mr. Mark L Pryor Oppose President Senate State: AR 2014  Name of Federal Candidate Support Office Sought House District Oppose President Senate State: AR 2014  Name of Federal Candidate Mr. Mark L Pryor Oppose President Senate State: AR 2014  Name of Federal Candidate Mr. Mark L Pryor Oppose President Senate State: AR 2014  Name of Federal Candidate Mr. Mark L Pryor Oppose President Senate State: AR 2014  Name of Federal Candidate Mr. Mark L Pryor Oppose President Senate State: AR 2014  Name of Federal Candidate Mr. Mark L Pryor Office Sought House District Oppose President Senate State: AR 2014  Name of Federal Candidate Mr. Mark L Pryor Office Sought House District Oppose Mr. Mark L Pryor Office Sought Mr. Mark L Pryor Office Sought Mr. Mark L Pryor Office Sought Mr. Mark L Pryor Office Sought Mr. Mark L Pryor Office Sought Mr. Mark L			
Springdale  AR  72762  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure Salary  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Calendar Year-To-Date Per Election for Office Sought  Name of Payee Mattle Harris  City State Zip Code Support  Category  Transaction ID: 331a1bd1-b1a3-494e-bate of Disbursement or Obligation  Per selection for Office Sought  Full Name of Payee Mattle Harris  Mailing Address 3654 Tara St  City State Zip Code Support  Category  Transaction ID: 55b2a08a-a662-4667-b Date of Public Distribution/Dissemination  Transaction ID: 55b2a08a-a662-4667-b Date of Disbursement or Obligation  Transaction ID: 55b2a08a-a662-4667-b Date of Disbursement For: Date of Disbursement For: Date of Disbursement For: Date of Disbursemen		Mailing Address 3654 Tara St	Amount
Springdale  AR  72762  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure Salary  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Calendar Year-To-Date Per Election for Office Sought  Name of Payee Mattle Harris  City State Zip Code Support  Category  Transaction ID: 331a1bd1-b1a3-494e-bate of Disbursement or Obligation  Per selection for Office Sought  Full Name of Payee Mattle Harris  Mailing Address 3654 Tara St  City State Zip Code Support  Category  Transaction ID: 55b2a08a-a662-4667-b Date of Public Distribution/Dissemination  Transaction ID: 55b2a08a-a662-4667-b Date of Disbursement or Obligation  Transaction ID: 55b2a08a-a662-4667-b Date of Disbursement For: Date of Disbursement For: Date of Disbursement For: Date of Disbursemen	ŀ	City State Zin Code	60.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Mailing Address 3654 Tara St  City Springdale  AR  72762  Purpose of Expenditure Mileage  Category  Oppose  President  Senate  State: AR  Disbursement For: Primary  General  2014  Other (specify)  Date of Public Distribution/Dissemination  11		·	Transaction ID : 031a1bd1-b1a3-494a-b
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Mattie Harris  Mailing Address 3664 Tara St  City State Zip Code springdale  AR 72762  Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Purpose of Expenditure Mileage  Category/ Mileage  Category/ Mileage  Calendar Year-To-Date Per Election for Office Sought  Amount  City State Zip Code Transaction D : 55b2a8a-a662-4667-b Date of Disbursement or Obligation  Transaction D : 55b2a8a-a662-4667-b Date of Disbursement or Obligation  Transaction D : 55b2a8a-a662-4667-b Date of Disbursement or Obligation  Transaction D : 55b2a8a-a662-4667-b Date of Disbursement or Obligation  Transaction D : 55b2a8a-a662-4667-b Date of Disbursement or Obligation  Transaction D : 55b2a8a-a662-4667-b Date of Disbursement or Obligation  Transaction D : 55b2a8a-a662-4667-b Date of Disbursement For:  Oppose  President Senate State: AR  Disbursement For: Primary Seneral State: AR  Other (specify) ▶   (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Index penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date 11 06 2014		Salary Odlegory/ Odl	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Mattie Harris  Mailing Address 3654 Tara St  City State Zip Code springdale AR 72762  Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanam  [Electronically Filed]  Disbursement For: Primary General State.  Primary General State: State.  Disbursement For: Primary General State: AR  Disbursement For: Primary General State: AR  President Senate State: AR  Disbursement For: Primary General State: AR  Protocological State State State State: AR  Disbursement For: Primary General	ı	Name of Federal Candidate Support Of	fice Sought: House District:00
Per Election for Office Sought    283226.30   2014		Mr. Mark L Pryor Oppose	President X Senate State: AR
Full Name of Payee Mattie Harris  Mailing Address 3654 Tara St  City State Zip Code springdale AR 72762  Purpose of Expenditure Mileage Category/ Mileage Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Date of Public Distribution/Dissemination   11	ľ	00000000	
Mattie Harris  Mailing Address 3654 Tara St  City State Zip Code springdale AR 72762  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support M. Mark L Pryor Soppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Senate State: AR  Calendar Year-To-Date President Senate State: AR  Calendar Year-To-Date Pr	L	Per Election for Office Sought	
Mailing Address 3654 Tara St  City State Zip Code 36.00  Transaction ID : 55b2a08a-a662-4667-b Date of Disbursement or Obligation  Purpose of Expenditure Mileage Category/ Date of Disbursement or Obligation  Name of Federal Candidate Support Office Sought House District: □00  Mr. Mark L Pryor Noppose President Senate State: □AR  Calendar Year-To-Date Per Election for Office Sought 283226.30  Category/ Dote Sought North Senate State: □AR  Calendar Year-To-Date Per Election for Office Sought President Senate State: □AR  Coher (specify) ►  Coher (specify) ►  Coher (specify) ►  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date 11 06 2014			
springdale  AR 72762  Transaction ID : 55b2a08a-a662-4667-b Date of Disbursement or Obligation  Mileage  Category/ Type 002  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for O	-	Mailing Address 3654 Tara St	
Purpose of Expenditure Mileage  Name of Federal Candidate  Nr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Disbursement or Obligation  Office Sought:  House District:  O0 President X Senate State: AR  Other (specify)   96.00  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	ŀ	City State Zip Code	36.00
Purpose of Expenditure Mileage    Category/ Type   002		springdale AR 72762	Transaction ID : 55b2a08a-a662-4667-b Date of Disbursement or Obligation
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Mileage Calegory/ 002	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Of	fice Sought: House District: 00
Per Election for Office Sought  283226.30  2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures		Mr. Mark L Pryor Oppose	President Senate State: AR
(b) SUBTOTAL of Unitemized Independent Expenditures		200000000	114
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  11  Date  11  Date  D	(	a) SUBTOTAL of Itemized Independent Expenditures	96.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    Math   Math   Date   Dat	(	b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 06 2014	W	with, or at the request or suggestion of, any candidate or authorized committee or agent of eit	
		[F1 - 4	
		Signature	

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OF

Ms. Emily Buchanan

Signature

	4/48 HOUR REPORT OF INDEPENDENT EXPENDITURES						
	chedule E)	DITOTIES	PAGE 116 OF 132				
NI/	AME OF COMMITTEE (In Full)		FOR SE OF FORM 24/48				
	Nomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼				
_			C C00530766				
Ch	heck if 24-hour report 48-hour report New r	report Amends report	rt filed on				
	Full Name of Payee Jonathan M Harris		Date of Public Distribution/Dissemination				
	Mailing Address 3654 Tara St		11				
			Amount				
	City State	Zip Code	55.00				
	Springdale AR	72762	Transaction ID : b7f7e254-8ab1-46c9-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary	Category/ Type 001	11 / 04 / Y Y Y Y Y				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Mr. Mark L Pryor	X Oppose	President Senate State: AR				
	Calendar Year-To-Date Per Election for Office Sought	283226.30	Disbursement For:  Primary  General  2014  Other (specify) ▶				
	Full Name of Payee		Date of Public Distribution/Dissemination				
	Jonathan M Harris		11 04 2014				
	Mailing Address 3654 Tara St		Amount				
	City State	Zip Code	7.20				
	Springdale AR	72762	Transaction ID : 0b1897d6-2077-493d-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage	Category/ Type 002	11 04 7 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Mr. Mark L Pryor	X Oppose	President Senate State: AR				
	Calendar Year-To-Date Per Election for Office Sought	283226.30	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶				
		'					
	(a) SUBTOTAL of Itemized Independent Expenditures		62.20				
	(b) SUBTOTAL of Unitemized Independent Expenditures		•				
	(c) TOTAL Independent Expenditures						
	(b) 10112 maspendent 2.pendusus						
	Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.						

[Electronically Filed]

2014

06

11

Date

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	John P Hilkert	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 7 Bards Lane	Amount
	City State Zip Code	80.00
	Fletcher NC 28732	Transaction ID: e7427ea8-4dcb-4836-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	Full Name of Payee  John P Hilkert	Date of Public Distribution/Dissemination
	Mailing Address 7 Bards Lane	11 04 2014
	7 Bardo Edillo	Amount
	City State Zip Code	16.20
	Fletcher NC 28732	Transaction ID: 12239996-da93-4dcf-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	96.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 06 2014
	Signature	

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OF

,						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)	<u> </u>				FEC ID	ENTIFICATIO	ON NUMBER ▼
Women Speak Out PAC					C	C00530766	
Check if 24-hour report 48-hour report	New repo	ort Ame	nds repor		= M /	D   D /	Y - Y - Y - Y
Full Name of Payee Hannah K Smith				Date of	of Public	Distribution/I	Dissemination
				M	11 /	04	2014
Mailing Address 633 Scott Dr				Amou	nt		
City	State	Zip Code					110.00
Gibsonville	NC	27249				D: d54a3346 irsement or O	-8579-4e9c-8 bligation
Purpose of Expenditure Salary		Category/ Type	001		11 /	04	2014
Name of Federal Candidate		Su	upport	Office Sough	t:	House [	District:00
Ms. Kay Hagan			ppose	Preside		Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	10	96565.66		Disbursemen 2014 O		Primary	X General
Full Name of Payee Hannah K Smith  Mailing Address 633 Scott Dr				Date of Amou	11 M	c Distribution/l	Dissemination 2014
City	State	Zip Code					21.30
Gibsonville	NC	27249				) : 4a732465-	51c2-43d6-b
Purpose of Expenditure Mileage		Category/ Type	002		11	ursement or C	2014
Name of Federal Candidate		Sı	upport	Office Sough	ıt:	House I	District: 00
Ms. Kay Hagan		X	ppose	Preside	ent $\sum$	Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	1096565.66		Disbursemen 2014 O		Primary pecify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	S			· [	7		131.30
(b) SUBTOTAL of Unitemized Independent Expenditure	res			•	1 4		
(c) TOTAL Independent Expenditures				· [	-7	7	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its at	e or authorized						
Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M /	06	/ Y Y 2014	
Signature							

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OF

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C C00530766
 Che	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Kaylan N Swanson	M - M / D - D / Y - Y - Y
-	Mailing Address 633 Scott Dr	11 04 2014
	Mailing Address 633 Scott Dr	Amount
t	City State Zip Code	110.00
	Gibsonville NC 27249	Transaction ID: dae6457f-7501-412b-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 04 2014
l	Name of Federal Candidate Support Office	e Sought: House District: 00
	Me Koy Hogon	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
ľ	Full Name of Payee	Date of Public Distribution/Dissemination
	Kaylan N Swanson	11 04 2014
	Mailing Address 633 Scott Dr	Amount
-	City State Zip Code	21.30
	Gibsonville NC 27249	Transaction ID: 269b8384-f605-4d12-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type 002	11 04 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	M 1/2 11	President State: NC
		ursement For: Primary X General
(;	a) SUBTOTAL of Itemized Independent Expenditures	131.30
(1	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 11	1 06 2014
	Signature	

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OF

ScI	hedule E)	AI = 11= 1	101120				PAGE 120 OF 132 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
T	Full Name of Payee  Joseph R English				Date	M = M	c Distribution/Dissemination
-	Mailing Address 915 East Market Ave Apt 4				Amo	11 unt	04 2014
-	City Sta	oto .	Zip Code				100.00
	Searcy Af		72143				ID: b6e635e2-0e86-4dfd-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M 11	04 2014
t	Name of Federal Candidate		<u> </u>	Support	Office Soug	ıht:	House District:00
	Mr. Mark L Pryor			Oppose	Presid		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	2	283226.30		Disburseme	ent For: Other (sp	Primary
	Full Name of Payee Joseph R English  Mailing Address 915 East Market Ave Apt 4				Date	M M 11	Distribution/Dissemination
}	City Sta	ate	Zip Code		$ \Gamma$		51.00
	Searcy Al		72143				D: 61784bfa-62a0-43ff-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M 11	04 2014
Ī	Name of Federal Candidate			Support	Office Soug	ght:	House District:00
	Mr. Mark L Pryor		X	Oppose	Presi	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		283226.3	0	Disburseme 2014	ent For: Other (sp	Primary X General
(;	a) SUBTOTAL of Itemized Independent Expenditures					-	151.00
(1	b) SUBTOTAL of Unitemized Independent Expenditures.				• •		
((	c) TOTAL Independent Expenditures				• <u> </u>		1141141
W	Under penalty of perjury I certify that the independent ex vith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	rauthorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M /	06	2014
	Signature						

			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	FE	C IDENTIFICATION	NUMBER ▼
۷V	omen Speak Out PAC	C	C00530766	
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M	M / D = D /	Y II Y II Y
Т	Full Name of Payee	Date of F	Public Distribution/	Dissemination
	Colton R Overcash	M 11		2014
١	Mailing Address 121 Ohara Dr	Amount		
H	City State Zip Code	T		105.00
١	Salisbury NC 28147		ion ID: af987004	
	Purpose of Expenditure Salary  Category/ Type 001	M 11	M / D D /	2014
ı	Name of Federal Candidate Support Office	Sought:	House	District: 00
	Ms. Kay Hagan Oppose	President	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	rsement F	or: Primary r (specify) ▶	X General
ſ	Full Name of Payee Colton R Overcash	Date of I		Dissemination 2014
ľ	Mailing Address 121 Ohara Dr	Amount		
ľ	City State Zip Code	1::		176.70
			on ID: 087f8cb1-0 Disbursement or C	
	Purpose of Expenditure Mileage  Category/ Type  002	11		2014
Ι	Name of Federal Candidate Support Office	Sought:	House	District:00
	Ms. Kay Hagan Oppose	President	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement F	or: Primary or (specify) ▶	X General
(8	a) SUBTOTAL of Itemized Independent Expenditures		7 7	281.70
(I	b) SUBTOTAL of Unitemized Independent Expenditures		7117	
(0	C) TOTAL Independent Expenditures		7 7	
W	nder penalty of perjury I certify that the independent expenditures reported herein were not marith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 11	M / D	06 201	
	Signature			

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OF

<b>,</b>						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC I	DENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report 48-hour report	New repo	ort Am	ends repo		и = м	/ D D /	Y = Y = Y
Full Name of Payee Kristina M Jinkens				Date	of Publ	lic Distribution/	Dissemination
					M M M M M M M M M M M M M M M M M M M	04	2014
Mailing Address 2138 N 1000 Rd				Amou	unt		
City	State	Zip Code					40.00
Eudora	KS	66025				ID: 17ba6ad6 oursement or C	
Purpose of Expenditure Salary		Category/ Type	001	] [	M M 11	04	2014
Name of Federal Candidate			Support	Office Soug	nt:	House	District: 00
Mr. Greg Orman		X	Oppose	Presid	lent	X Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought	2	50379.71		Disbursement 2014		Primary	X General
Full Name of Payee Staci J Ingram  Mailing Address 2 Crest Knolls Dr Apt 16B					of Pub	lic Distribution/	Dissemination 2014
2 0.00011410310 277 447 102				Amo	unt		
City	State	Zip Code					135.00
Taylorsville	NC	28681				ID: 52097490- oursement or C	
Purpose of Expenditure Salary		Category/ Type	001	] [	M M M 11	04	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District:00
Ms. Kay Hagan		X	Oppose	Presid	dent	Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1096565.6	6	Disburseme 2014		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures	i			· [	-		175.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			· -		7	
(c) TOTAL Independent Expenditures				· [			
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized						
Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M = M /	06	201	
Signature							

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OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766
Check if $X$ 24-hour report 48-hour report New report	Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee	Date of P	Public Distribution/Dissemination
Staci J Ingram	11	M / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2 Crest Knolls Dr Apt 16B	Amount	
City State Zip Co	de	86.57
Taylorsville NC 28681	Transacti	ion ID : f4b38a80-43e4-404c-a Disbursement or Obligation
Purpose of Expenditure Mileage  Category		M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District:00
Ms. Kay Hagan	X Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement Fo	or: Primary X General r (specify) ▶
Full Name of Payee Aleksandra B Padua		Public Distribution/Dissemination
Mailing Address 110 Bridge gate Dr	11 Amount	04 2014
City State Zip Co	udo.	47.50
City State Zip Co	Transaction	on ID : fcf96b85-3314-47a8-a
Purpose of Expenditure Salary Category		
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 10965	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······································	134.07
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	71171171
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Fi	led] Date 11	06 2014
Signature		

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OF

Schedule E)	LINDITOTILO	PAGE 124 OF 132 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		C 200330700
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Aleksandra B Padua		11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Bridge gate Dr		Amount
City State	Zip Code	22.68
Cary	27519	Transaction ID: 53256112-f795-4f03-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 04 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	1096565.66 Dis	sbursement For: Primary
Full Name of Payee	<u>'</u>	Date of Public Distribution/Dissemination
Laurel Littler		11 04 2014
Mailing Address 145 Bradford Circle		11 04 2014
		Amount
City State	Zip Code	30.00
Clayton	27527	Transaction ID: 325c92ae-d294-4ede-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M 11
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date		sbursement For: Primary X General
Per Election for Office Sought	100000.00	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	52.68
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	7 7 7
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = 1
Signature	_	

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Laurel Littler	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 145 Bradford Circle	Amount
ŀ	City State Zip Code	7.50
	Clayton NC 27527	Transaction ID: 5173d4ff-4d67-4bd1-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014
Ī	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary ⊠ General  Other (specify) ▶
	Full Name of Payee Cynthia J Christmas  Mailing Address 1731 Frenchmen St	Date of Public Distribution/Dissemination  M 1
-	City State Zip Code	90.00
	New Orleans LA 70116	Transaction ID : d001ba1c-b7bc-4e9b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 235848.40	ursement For: Primary X General  Other (specify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures	97.50
(	b) SUBTOTAL of Unitemized Independent Expenditures	
(	c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not make the request or suggestion of, any candidate or authorized committee or agent of eithe earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date  Signature	1 06 2014
	Olgitatoro	

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OF

Schedule E)				PAGE 126 OF 132 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Carol L Walters			М	
Mailing Address 1900 Glen West Way			Amount	1 04 2014
City	State	Zip Code		60.00
Fort Smith	AR	72916		ction ID : 84b6b8c7-b532-47a6-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 04 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	2	283226.30	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Carol L Walters			М	Public Distribution/Dissemination
Mailing Address 1900 Glen West Way			Amount	11 04 2014 t
City	State	Zip Code		22.20
Fort Smith	AR	72916		tion ID : 5ac19771-83bd-42b1-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	283226.30	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	82.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· []	4
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		06 2014
Signature				

Women Speak Out PAC    FeC IDENTRICATION NUMBER ▼		include Ly	FOR SE OF FORM 24/48
C CO0539768  Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Paulette M Carrieri  Name of Payee Paulette M Carrieri  City Raleigh NC 27608  Persident NC 2014  Amount  Amount  City NC 27608  Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City State Zip Code Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City NC 27608  NC 27608	۷۱	omen Speak Out PAC	C C00530766
Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City State Zip Code NC 27606  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  Calendar Year-To-Date Paulette M Carrieri  Name of Payee  Paulette M Carrieri  Name of Payee  Category/ Mailing Address 4805 TuPenny Lane  City State Zip Code Paulette M Carrieri  Name of Payee  Category/ Mailing Address 4805 TuPenny Lane  City State Zip Code Ms. Kay Hagan  Category/ Mileage  Transaction ID: 2beeb996-ba3c-4942-9 Date of Public Distribution/Dissemination  Transaction ID: 2beeb996-ba3c-4942-9 Date of Public South  Transaction ID: 2beeb996-b	Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 4805 TuPenny Lane  City State Zip Code Releigh NC 27606  Purpose of Expenditure Solary  Name of Federal Candidate Support Solary Oppose President Senate State: NC Disbursement For: Primary General Purpose of Expenditure Mailing Address 4805 TuPenny Lane  City State Zip Code President Senate State: NC Disbursement For: Primary General Purpose of Expenditure Mailing Address 4805 TuPenny Lane  City State Zip Code Transaction ID: 2bech995-ba33-492-9 Date of Disbursement For: Primary General Office Sought: House District: 00 President Senate State: NC Disbursement For: Primary General Office Sought: Purpose of Expenditure Mailing Address 4805 TuPenny Lane  City State Zip Code Transaction ID: 2bech995-ba33-586cd-4e32-a Date of Public Distriction Dissemination Primary General Office Sought: Purpose of Expenditure Mailing Address 4805 TuPenny Lane  City State Zip Code Transaction ID: 2bech995-ba33-586cd-4e32-a Date of Disbursement or Obligation Transaction ID: 2bech995-ba33-586cd-4e32-a Date of Disbursement For: Primary General Purpose of Expenditure Solar In In Internated Independent Expenditures Solar In Internated Independent Expenditures Independent Expenditures Independent Expenditures Independent Expenditures Independent Expenditures Purpose of Expenditure Independent Expenditures Purpose of Expenditures Independent Expenditures Independent Expenditures Independent Expenditures Purpose of Expenditures Independent Expenditures Purpose of Expenditures Independent Expenditures Purpose of Expenditures Independent Expenditures Purpose of Expenditures Independent Expenditures Purpose of Expenditures Independent Expenditures Purpose of Expenditures Independent Expenditures Independent Independent Expenditures Independent	٦	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code NC 27606  Raleigh NC 27606  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Category/ Type  Oppose  Per Election for Office Sought  Full Name of Payee Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City State Zip Code Raleigh NC 27606  Transaction ID: 2beeb995-ba3c-4942-9 Date of Disbursement or Obligation  Office Sought: House District: 00 President X Senate State: NC Disbursement For: Primary General  Per Election for Office Sought  This Name of Payee Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City State Zip Code Raleigh NC 27606  Transaction ID: 5664935-86cd-4932-0 T	١	Paulette M Carrieri	
Raleigh NC 27606  Furpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Caledar Year-To-Date Purpose of Expenditure Salary  Full Name of Payee Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City State Zip Code Raleigh NC 27606  Purpose of Expenditure Mileage  NC 27606  Purpose of Expenditure Mileage  NC 27606  Purpose of Expenditure Mileage  NC 27606  Purpose of Expenditure Mileage  NC 27606  Purpose of Expenditure Mileage  NC 27606  NC 27606  Purpose of Expenditure Mileage  NC 27606  NC 27606  Purpose of Expenditure Mileage  NC 27606  NC 27606  NC 27606  NC 27606  Purpose of Expenditure Mileage  NC 27606  NC 20		Mailing Address 4805 TuPenny Lane	Amount
Raleigh NC 27606  Furpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Caledar Year-To-Date Purpose of Expenditure Salary  Full Name of Payee Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City State Zip Code Raleigh NC 27606  Purpose of Expenditure Mileage  NC 27606  Purpose of Expenditure Mileage  NC 27606  Purpose of Expenditure Mileage  NC 27606  Purpose of Expenditure Mileage  NC 27606  Purpose of Expenditure Mileage  NC 27606  NC 27606  Purpose of Expenditure Mileage  NC 27606  NC 27606  Purpose of Expenditure Mileage  NC 27606  NC 27606  NC 27606  NC 27606  Purpose of Expenditure Mileage  NC 27606  NC 20		City State Zin Code	40.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City Rateigh NC 27606  Purpose of Expenditure Mileage  Calendar Year-To-Date Purpose of Expenditure Mileage  Calendar Year-To-Date Purpose of Expenditure Mileage  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Amount  Calendar Year-To-Date Per Election for Office Sought  C			Transaction ID : 2beeb996-ba3c-4942-9
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City State Zip Code Raleigh NC 27606  Purpose of Expenditure Mileage Category/ Tiype 002  Transaction ID : c664935-86c4-482-a Date of Disbursement or Obligation  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Topose  Topose  Topose  Transaction ID : c664935-86c4-482-a Date of Disbursement or Obligation  Topose  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Date of Disbursement or Obligation  Transaction ID : c7664935-86c4-482-a Dat		Salany Category/ 001	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City State Zip Code Raleigh NC 27606  Purpose of Expenditure Mileage  NC 27606  NC 27606  Purpose of Expenditure Mileage  NS Support Mileage  Category/ Type  Odic Sought: House District: 00  President Senate State: 100  Transaction ID: c66e4935-86c4-4e32-a Date of Disbursement or Orbigation  Transaction ID: c66e4935-86c4-4e32-a Date of Disbursement or Orbigation  Office Sought: House District: 00  President Senate State: 110  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  1096565.66  Disbursement For: Primary General  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchman    Electronically Filed    Date   111   06   2014   111   06		Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought    1096565.66		Ms. Kay Hagan Oppose	President State: NC
Full Name of Payee Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City State Zip Code Raleigh NC 27606  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Ns. Kay Hagan Support Office Sought: House District: 00  Ms. Kay Hagan Support Office Sought: House District: 00  Ms. Kay Hagan Support Office Sought: House District: 00  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Ms. Emily Buchanan  (Electronically Filed)  Date of Public Distribution/Dissemination  Amount  Tansaction ID: c66c4935-86cd-4e32-a Date of Disbursement or Obligation  Tansaction ID: c66c4935-86cd-4e32-a Date of Disbursement or Obligation  Topose President Senate State: NC  Disbursement For: Primary General  Other (specify)   47.50  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		4000505.00	
Paulette M Carrieri  Mailing Address 4805 TuPenny Lane  City State Zip Code Raleigh NC 27606  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support NS. Kay Hagan Support State State: NC Calendar Year-To-Date Per Election for Office Sought 1096565.66  Calendar Year-To-Date Per Election for Office Sought 1096565.66  Calendar Year-To-Date Per Election for Office Sought 1096565.66  Calendar Year-To-Date Per Election for Office Sought 1096565.66  Calendar Year-To-Date Per Election for Office Sought 1096565.66  Calendar Year-To-Date Per Election for Office Sought 1096565.66  Calendar Year-To-Date Per Election for Office Sought 1096565.66  Calendar Year-To-Date Per Election for Office Sought 1096565.66  Calendar Year-To-Date Per Election for Office Sought 1096565.66  Calendar Year-To-Date Primary Senate State: NC 1000 1000 1000 1000 1000 1000 1000 1	ı	5 11 11 ( 12	
Mailing Address 4805 TuPenny Lane    City			M = M / D = D / Y = Y = Y
Raleigh NC 27606  Purpose of Expenditure Mileage  Category/ DO2  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID:: c66e4935-86cd-4e32-a Date of Disbursement or Obligation  Mileage  Category/ DO2  Mileage  Office Sought: House District: DO  President Senate State: NC  Disbursement For: Primary General 2014  Other (specify)   47.50  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Mailing Address 4805 TuPenny Lane	
Purpose of Expenditure Mileage    Name of Federal Candidate   Support	1	City State Zip Code	7.50
Purpose of Expenditure Mileage    Category/ Type   002		Raleigh NC 27606	Transaction ID: c66e4935-86cd-4e32-a Date of Disbursement or Obligation
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC		Mileage Category/ 002	M - M / D - D / Y - Y - Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	1	Name of Federal Candidate Support Office	e Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures	١		
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  11  Date  11  Date  11  Date		(a) SUBTOTAL of Itemized Independent Expenditures	47.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMMM  Date  11  Date		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Mand		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 06 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
		[F1 +	

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#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI LXI LIV	TIONES		PAGE 128 OF 132 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼	
Women Speak Out PAC  C coos30766					
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee LaVonna A Brown			Date of Public	Distribution/Dissemination	
Mailing Address 1211 Treaty Rd			11	04 2014	
			Amount		
City	State	Zip Code		50.00	
Delphos	KS	67436		D: 952f5dc7-dbe4-4fc8-8 ursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	11	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Greg Orman		X Oppose	President >	Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		250379.71	Disbursement For: 2014 Other (sp	Primary	
Full Name of Payee			Date of Public	c Distribution/Dissemination	
LaVonna A Brown			M = M /	04 2014	
Mailing Address 1211 Treaty Rd			Amount		
City	State	Zip Code		22.50	
Delphos	KS	67436		D: fd11470a-ad16-4b1e-b ursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	11	04 2014	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Mr. Greg Orman		Oppose	President	Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	.,,	250379.71	Disbursement For: 2014 Other (sp	Primary	
(a) SUBTOTAL of Itemized Independent Expend	itures		. •	72.50	
(1) OUDTOTAL (11) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7		
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•		
(c) TOTAL Independent Expenditures			<b>•</b>	7	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 06	2014	
Signaturo					

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends	s report filed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Windy Hageman	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5521 Randolph St.	Amount
City State Zip Code	45.00
Marrero LA 70072	Transaction ID : ef35407a-cc9a-4512-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 11 04 7 2014
Name of Federal Candidate Supp	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppo	
Calendar Year-To-Date Per Election for Office Sought 235848.40	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	
Windy Hageman	Date of Public Distribution/Dissemination  11 04 2014
Mailing Address 5521 Randolph St.	Amount
City State Zip Code	6.60
Marrero LA 70072	Transaction ID : 123220e6-a0b4-4434-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 11 / 04 / 2014
Name of Federal Candidate Supp	oort Office Sought: House District: 00
Ms. Mary L Landrieu Oppo	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 235848.40	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	51.60
(b) SUBTOTAL of Unitemized Independent Expenditures	············ <b>)</b>
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ac party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 11 06 2014
Signature	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kenny Wallis	11 04 2014
	Mailing Address 6412 Osage Dr	Amount
	City State Zip Code	70.00
	North Little rock AR 72116	Transaction ID: 1a5f236d-0d76-40da-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 283226.30	ursement For: Primary
	Full Name of Payee Kenny Wallis	Date of Public Distribution/Dissemination
	Mailing Address 6412 Osage Dr	11 04 2014 Amount
	City State Zip Code	19.47
	North Little rock AR 72116	<b>Transaction ID : 670ec3d7-ac47-4cf3-a</b> Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 04 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbt 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	89.47
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 06 2014
	Signature	

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	include Ly		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C	C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M M	/ D = D / Y = Y = Y
	Full Name of Payee	Date of Pub	olic Distribution/Dissemination
	Mry S Everly	10	04 2014
	Mailing Address 787 N 1851 Diagonal Rd	Amount	
	City State Zip Code		40.00
	Lecompton KS 66050		n ID: 3c37b6bf-7eb0-4419-8 bursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10	04 / 2014
	Name of Federal Candidate Support Office	Sought:	House District:00
	Mr. Greg Orman Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 250379.71  Disbut 2014	rsement For:	Primary
	Full Name of Payee Mry S Everly		plic Distribution/Dissemination
	ivily O Evolly	10	04 2014
	Mailing Address 787 N 1851 Diagonal Rd	Amount	
	City State Zip Code		15.00
	Lecompton KS 66050		ID: 3de8b2b2-3f68-4011-a bursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10	04 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
		_	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 250379.71		Primary ☐ General
	(a) SUBTOTAL of Itemized Independent Expenditures	-	55.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		7
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / D 1 06	
	Signature		السنسا ا

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#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXI END	TOTILO		PAGE 132 OF 132 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC					
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y	
Full Name of Payee Kaitlyn B Allen			M		
Mailing Address 2121 Daniel Dr			Amount	1 04 2014	
City	State	Zip Code		40.00	
Searcy	AR	72143		tion ID : 3fcd4b52-9988-4df8-a Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	M 1	M / D D / Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		X Oppose	President	NC NC	
Calendar Year-To-Date Per Election for Office Sought	, 10	096565.66	Disbursement F 2014 Other	For: Primary X General er (specify) ▶	
Full Name of Payee Kaitlyn B Allen	_		M		
Mailing Address 2121 Daniel Dr			Amount		
City	State	Zip Code		73.14	
Searcy	AR	72143		ion ID : ec5bc9b4-4913-4618-8 Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	1		
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Kay Hagan		Oppose	Presiden		
Calendar Year-To-Date Per Election for Office Sought	7 7	1096565.66	Disbursement I 2014 Oth	For:	
(a) SUBTOTAL of Itemized Independent Expenditure	'es		<b>•</b>	113.14	
(b) SUBTOTAL of Unitemized Independent Expend	itures		, —		
				4 4	
(c) TOTAL Independent Expenditures			<b>•</b>	11828.84	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		06 2014	
Jigitataro					